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GUIDELINES FOR THE CERTIFICATION OF AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS IN CANADA

Report of a Task Force convened by the
Canadian Speech and Hearing Association and the
Health Services Directorate
Health Services and Promotion Branch

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FOREWORD

In response to a request from the Canadian Speech and Hearing Association, the Department of National Health and Welfare brought together a group of professionals to produce this report entitled **GUIDELINES FOR THE CERTIFICATION OF AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS IN CANADA**. A review of certification criteria and models is presented in this report, along with recommended national certification guidelines for clinical competency. Hopefully these benchmarks will encourage re-examination of existing certification/accreditation procedures and philosophies and lead to national structures for certification.

National and provincial professional associations as well as practising professionals across Canada are invited to review these guidelines and send comments to the address given on page ii.

This report is not a statement of federal government policy but constitutes a part of the information base from which certification policies may be developed. Hopefully, the report will be a valuable guide to the Canadian Speech and Hearing Association, government agencies, training programs, and other professional groups. In this way, the report may serve to improve the quality of health services across Canada.

It is neither the role nor the mandate of the Department of National Health and Welfare to implement these consensus guidelines. Rather, the Department's role is to facilitate the development of a framework of common goals, philosophies and procedures relative to clinical certification. Thus, implementation will depend on human and material resources and on policies and priorities of the professional associations and of the provinces and universities.

The Task Force thanks provincial associations and governments in Canada, and professional associations and educational institutions for responding to its request for information about their professional regulation.

Eve Kassirer
Medical Sociologist
Clinical Guidelines Program
Institutional and Professional
Services Division

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RECOMMENDATIONS

ON THE BASIS OF THIS REPORT, THE TASK FORCE RECOMMENDS THAT THESE GUIDELINES:

1. be considered by the Canadian Speech and Hearing Association in establishing national certification procedures for clinical competency;
2. be used in the certification process for implementation by a body separate from but affiliated with the Canadian Speech and Hearing Association;
3. be used in the certification process, after credential review, to include amongst its components any combination of the following: development of a core curriculum; a national examination of professionals; accreditation of university departments/schools offering training in audiology and/or speech-language pathology; and establishment of a supervised period of post training employment;
4. be circulated to relevant national and provincial associations and governments, and to audiologists and speech-language pathologists across Canada in order to improve clinical competency and quality of health care.

AND FURTHER THAT:

5. the Canadian Speech and Hearing Association encourage the formation of study groups to discuss and respond to these guidelines and their implications for the profession;
6. the Department of National Health and Welfare and the Federal Provincial Advisory Manpower Committee discuss and respond to these national guidelines for clinical competency;
7. there is merit in voluntary continuing education;
8. the Canadian Speech and Hearing Association, with provincial professional associates and provincial government regulatory bodies, investigate means to increase reciprocity;
9. the Canadian Speech and Hearing Association report at periodic intervals to the Health Services Directorate of the Department of National Health and Welfare, on progress made.

MEMBERS OF TASK FORCE

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SUMMARY

Steps toward certification of audiologists and speech-language pathologists taken by the Canadian Speech and Hearing Association are presented. Task Force investigations of existing provincial professional regulations in speech-language pathology and audiology and in other selected health professions in Canada are documented. Regulation in other selected countries is provided. Further, highlights of university programs in Canada are presented, along with academic and clinical requirements of these programs.

In addition, existing and proposed certification models of clinical competency are reviewed - leading to recommended national guidelines for Canada.



L E T T E R O F T R A N S M I T T A L

February 5, 1985

Peter Glynn, Ph.D.
Assistant Deputy Minister
Health Services and Promotion Branch
Department of National Health and Welfare
Ottawa, Ontario
K1A 1B4

Dear Dr. Glynn:

It is my privilege to transmit to you the report of the Task Force on Guidelines for Certification of Audiologists and Speech-Language Pathologists in Canada.

The Task Force, which was established in February 1983 in response to a request from the Canadian Speech and Hearing Association, consists of three audiologists, five speech-language pathologists, one speech scientist, one consumer advocate, and one medical sociologist, a representative from the Department of National Health and Welfare.

The report contains a review of certification models along with recommended Canada-wide certification guidelines for clinical competency of audiologists and speech-language pathologists. The guidelines, unanimously supported by the Task Force members, represent the beginning stage of the certification process. The next step, the implementation of a national certification system, will be the responsibility of the Canadian Speech and Hearing Association.

I thank the members of the Task Force for their invaluable contributions and dedication. I especially thank Mrs. Eve Kassirer, Medical Sociologist, Institutional and Professional Services Division, for her leadership and expertise throughout this project. The vision and support of the Department of National Health and Welfare are greatly appreciated.

Sincerely,

Judith L. Branch, M.A.
Chairman, Task Force on
Guidelines for Certification
of Audiologists and Speech-
Language Pathologists in
Canada.

ESTABLISHMENT OF TASK FORCE

In 1982 the Canadian Speech and Hearing Association, (CSHA) approached the Department of National Health and Welfare (DNHW) to develop guidelines for certification of audiologists and speech-language pathologists. Subsequently a group of professionals, all members of the CSHA (from a list prepared by the CSHA National Councillors) was selected to work with a representative from DNHW. These individuals were chosen on the basis of geographic distribution as well as area of specialization and active involvement in the profession. In addition, a parent of a hearing impaired child was included as a consumer advocate. In all, the membership on the Task Force totals 11. Since the initiation of the Task Force, one audiologist selected as a private practitioner is now employed as a clinical program director.

REPRESENTATION OF THE MEMBERS

The final representation for this Task Force was altered somewhat from that included in the original proposal (May 1982) from the CSHA.

Briefly, the proposal specified that representation should reflect the distribution of the profession in Canada: more speech-language pathologists than audiologists; more females than males; more anglophones than francophones; and more clinic-and school-based persons as opposed to academically-based or in private practice. CSHA membership for all speech-language pathologists and audiologists was required. All these criteria were met. One member was to represent the Canadian Council of University Programmes in Speech-Language Pathology and Diagnostic-Rehabilitative Audiology (CCUP); the Council designated its chairperson as the official representative. The Task Force chairperson was to be a CSHA Executive member and was such at the time of the Task Force's formation.

The major variation from the proposal related to the two members in the "consumer" category. One was to be a physician or dentist and one an individual who was communicatively handicapped or a family member of such a person. The latter, the parent of a hearing impaired child, became the consumer representative and happened also to be an aural habilitationist by profession.

The characteristics of the group according to relevant categories are listed in the following table.

TASK FORCE

PROFESSIONAL REPRESENTATION

Audiology	3
Speech and Hearing Science	1
Speech-Language Pathology	5
Medical Sociology	1
Consumer Advocacy and Aural Habilitation	1

MAJOR EMPLOYMENT REPRESENTATION

School	
Clinic	2
Research	1
Hospital/Clinic	4
University	3
Government	1

TERMS OF REFERENCE

- I. To develop guidelines for certification/accreditation of audiologists and speech-language pathologists by:
 - (a) exploring directions indicated by the CSHA;
 - (b) reviewing selected literature on professional regulation;
 - (c) reviewing the status of regulation in provincial associations and governments in Canada;
 - (d) exploring professional regulations in other selected countries;
 - (e) reviewing existing professional regulations in other selected health professions in Canada; and
 - (f) arriving at a consensus on existing and new guidelines which are applicable to the profession.
- II. To prepare a report with consensus guidelines and recommendations for future activity regarding implementation of guidelines at the national and program levels.
- III. To consider the development of accreditation guidelines for other areas, e.g. university programs and work settings.

SCHEDULE OF MEETINGS

February 24 and 25, 1983	Ottawa
June 13 and 14, 1983	Ottawa
September 23 and 24, 1983	Ottawa
January 26 and 27, 1984	Calgary
May 3 and 4, 1984	Ottawa
October 4 and 5, 1984	Winnipeg
January 24 and 25, 1985	Ottawa

GLOSSARY OF TERMS USED IN THIS REPORT*

For the purposes of its deliberations the Task Force defined the following terms associated with the certification process as applied to audiologists and speech-language pathologists.

ACCREDITATION	process of certifying a university school, college, clinical facility, or the like, as meeting all formal official requirements of academic excellence, curriculum, facilities, etc.
AUDIOLOGIST	professional whose principle effort is directed toward identification, assessment, and (re)habilitation of individuals with auditory disorders. Audiologists may also be involved in management of clinical programs, university teaching, basic and applied research, and hearing conservation. Audiologists may practise in public or private clinics, schools, universities, industry, or hospital facilities. Audiologists may participate as a member of interdisciplinary teams. ¹
CERTIFICATION	regulatory regime under which persons with the requisite qualifications are certified by a body or agency as possessing those qualifications so that they can hold out this certification to the public as a signal that indicates achievement of a particular level of competence. Certification regimes do not prevent uncertified individuals from performing the same functions. ³
CLOCK HOURS	clinical practicum hours refer to those clock hours obtained in direct clinical experience. Time spent in observing clinical procedures, writing reports, preparing for clinical sessions, conferencing with supervisors and in class attendance to discuss clinical procedures and experiences does not count towards clock hours of direct clinical experience.
COMPETENCY	possession of required skills, knowledge, qualifications, or capacity; ability to use skills to the level of efficiency required.

* Reference numbers refer to references at end of Chapter I.

CONTINUING EDUCATION	professionally related, purposeful activities undertaken with the intention of increasing knowledge, developing and updating skills, and/or modifying attitudes such that the quality of services to the public is enhanced.
CRITERION	a benchmark against which a judgment may be made.
GUIDELINE	an outline from which certification criteria and standards can be developed.
SPEECH-LANGUAGE PATHOLOGIST	professional engaged in the prevention, evaluation, treatment, and management of language, speech and voice disorders. Speech-language pathologists may also be involved in management of clinical programs, university teaching, and basic and applied research. Speech-language pathologists may practise in clinics, schools, universities, hospitals, and private practice. Speech pathologists may participate as a member of interdisciplinary teams. ¹
LICENSURE	regulatory legal regime under which only persons holding a license are legally entitled to perform the licensed functions regardless of an individual's competence or qualification. ³
REGISTRATION	a roster of practitioners; may or may not have pre-entry screening by a regulatory board.
SELF-REGULATION	an organized structure devised by particular occupational groups for the purpose of establishing and maintaining certain standards of practice in their respective occupations and exercising regulatory power delegated by the state. ⁴
STANDARD	officially established level and its acceptable degree of variation.
STATUTORY	relating to statutes established by parliamentary legislation.
UPGRADING	specified, continuing education activities undertaken by a professional in order to demonstrate that a level of proficiency has been achieved.

CHAPTER I: INTRODUCTION

"The profession of language-speech pathology and audiology is committed to the concept of quality care for individuals with communicative disorders."¹ In keeping with this definition, over the past seven years the issue of regulatory intervention as a means of quality assurance has received increased attention by the Canadian Speech and Hearing Association (CSHA) as well as the provincial speech and hearing associations.

The evolution of the profession of audiology and speech-language pathology is presented herein to enhance the reader's understanding of the need for a national model for judging clinical competency of audiologists and speech-language pathologists serving the communicatively handicapped population in Canada.

This profession is young and emerging, compared to the larger and more established health disciplines in Canada. The first provincial speech and hearing associations were established in the western and central provinces in the late 1950s. The eastern provinces, initially united in the "Atlantic Provinces Speech and Hearing Association", formed independent associations in the late 1970s. It was not until 1964 that 14 Canadians met to found a national association. In fact, certification was considered by the CSHA at that time. Although the first bylaws were written in 1967, the CSHA was not incorporated until 1975 - approximately two decades after the formation of the first provincial speech and hearing associations. At that time with only 283 full members and 78 student members, the national association struggled to develop its identity in the presence of the older and more established provincial associations.

In addition to the roots of the profession being firmly entrenched at the provincial level, the first seeds for professional regulation were also sown at this level. As a result, divergent requirements for practice now exist from province to province. Currently, some provincial speech and hearing associations have different minimum requirements for membership. Two have non-statutory registration; two provinces have statutory legislation under a licencing bill; and in at least two provinces some form of statutory regulation of the profession is actively being sought at this time.

Diversity exists not only in the standards of practice across Canada, but also to a certain extent in the educational preparation of speech-language pathologists and audiologists. This is evident in the description of the seven Canadian training programs provided in Chapter II and Appendix A.

In 1981, a milestone in the history of the profession was reached when the CSHA revised its bylaws in an attempt to bring the provinces closer together at a national level. Under its current bylaws, the governing body of the CSHA is the National Council which comprises an Executive Committee and 10 Councillors - one representative from each province. Audiologists and speech-language pathologists across Canada are represented at a national level and a forum exists where issues of national concern can be discussed and direction taken.

Simultaneous with the bylaws revision, the CSHA began to take steps leading to the formation of the present Task Force. Two committees were formed in the early 1980s: the Ad Hoc Committee on Clinical Accreditation; and the Ad Hoc Committee on Self-Regulation.* The former conducted a survey of directors of speech and hearing clinics across Canada in an attempt to measure the degree of interest in developing a Canadian accreditation process for speech and hearing clinics. The survey findings indicated that 97% of the directors who responded would find such a program beneficial and the majority of those would apply for accreditation if it were available.

The Ad Hoc Committee on Self-Regulation was established to determine the desirability of establishing professional self-regulation by the CSHA, or other bodies. This Committee conducted a national survey of a stratified, randomly selected sample of CSHA members. An analysis of the results indicated that 91.7% of the 139 respondents were in favour of self regulation and its pursuit by the national association.

Given the mandate by its members to proceed with the establishment of guidelines for the certification of practitioners and the accreditation of clinical facilities, in 1982 the CSHA approached the Department of National Health and Welfare. Assistance was requested for "the establishment of a task force to provide specific criteria for the certification of audiologists and speech pathologists, ways and means of determining such competence, procedures for ongoing regulations and methods of enlightenment of the Canadian consumer."²

The rationale for this move is stated in the original CSHA proposal:

In order to better meet the needs of the communicatively handicapped in Canada the Canadian Speech and Hearing Association proposes to standardize the minimum qualifications necessary for Speech Pathologists and Audiologists to provide clinical services ... The brief history of the profession of Speech Pathology and Audiology in Canada has not fostered the closeness in educational preparation and

* Also known as the Ad Hoc Committee to Inaugurate Ways and Means to Regulate Practice.

standards that has been evident in some larger and longer-established disciplines. Consequently, standards of training and clinical competence vary widely from region to region. Furthermore, Canadians have not had a single standard to consult in order to judge the competence of clinical practitioners in Audiology and Speech Pathology.²

The present Task Force first met in 1983 and, given the above direction, has dealt specifically with the issue of "input regulation" - that which attempts to regulate the "producers" of service.³ The issue of "output regulation" - that which purports to regulate the services produced has been addressed previously in a 1982 DNHW Report entitled "Clinical Guidelines in Language-Speech Pathology and Audiology".¹

In keeping with the Terms of Reference, the Task Force selectively reviewed the literature in the area of professional regulation. (A listing appears on page 5). Discussion centred around the need for regulatory intervention, types of regulation, advantages and disadvantages, and possible models.

Prior to reaching consensus on the guidelines presented in this report, the Task Force also reviewed the status quo with respect to professional regulation of the profession of speech-language pathology and audiology in the 10 Canadian provinces; of this profession in selected countries; and of other selected health disciplines in Canada.

Although it was not the mandate of this Task Force to recommend guidelines for the accreditation of university programs in speech-language pathology and audiology, the curricula of the seven Canadian training programs were reviewed in order to examine the possible influence which current professional preparation may have on the development of national guidelines for clinical competency.

Relative to university programs, the Task Force agreed that to better serve the public, the university training for aural habilitationists, teachers of the deaf, hearing therapists, or any other individual serving the hearing impaired, needs to be addressed. Consideration should be given to the teaching skills and specialized body of knowledge unique to teaching communication skills to this special needs population.

SUMMARY OF SELECTED LITERATURE REVIEW

A selected review of the literature disclosed that the need for professional regulation centred on one major issue: protection of public interest.^{2,4,7,9,10,11} In general, investigators agreed that when uniform criteria are promoted within a profession, the public is assisted in identifying qualified and competent professionals anywhere in Canada.^{2,7,9} Thus, the public is given assurance that service will be of appropriate quality and quantity (e.g. duration of intervention). It

was stressed that this is particularly important in professions where the cost of access to information is great.^{4,9} That is, when the profession has a complex knowledge base, the public is less able to judge for itself what constitutes 'appropriate service'. In addition, regulation is important for those professions where the cost of error may have a significant impact on the lives of consumers.^{4,7,9} In those situations, the public cannot afford to wait for the outcome of intervention (the ultimate test of the professional's competence).

Several of the authors warned that professional regulation may take on the impression of being 'self-serving'.^{2,4,5,8,9,11} In some professional areas, it was suggested that regulation could act to restrict competition and increase professional fees by limiting who can practise, when, and how.^{2,5,7,8,11} In addition, educational standards may be established which require training and skills greater than necessary to provide optimal services.^{2,6,11} The consequence may be simply to inflate the cost and time spent for education of the professionals.

When examining the need for regulation in a profession, many writers^{2,4,5,7,8,9,11} stressed that the public interest factor must be primary. It should be well-justified in terms of cost of access to information and cost of error. These must outweigh any potential impressions of being self-serving for the professions. This should be clearly expressed not only in the criteria selected but also in the type of regulatory mechanism established.^{2,4,7,11}

The major types of regulatory mechanisms found in the literature review included licensing and certification. Licensure, or exclusive right to practise, is considered the "most drastic measure of regulation".^{5,7,9,11} Since it disallows nonlicensed individuals from practising, the public does not have to determine for itself which practitioners are competent. Licensure may, however, imply that nonlicensed individuals are not capable of providing appropriate service.⁹ The result of this is potential rigidity in defining realm of practice and consequent negative inference about 'substitute' and nonlicensed services. This may act to reduce the number of practitioners available and thereby restrict public choice and access.^{5,6,9}

Certification, or reserved title, was the second major type of regulation reviewed.⁹ Certification restricts only use of professional title to those individuals who meet specified competence criteria. It does not disallow others from performing similar functions. The professional title itself acts as an indicator of competence to the public.^{7,9}

In order to determine the optimal type and model of professional regulation to ensure public interest, cost-effectiveness, and efficiency, the Task Force went on to review the status and experience of other groups. The groups included: 1) the profession of speech-language pathology and audiology in the ten Canadian provinces; 2) this profession in selected other countries; and 3) other selected health disciplines.

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CHAPTER II: UNIVERSITY PROGRAMS IN AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY IN CANADA

The material in this present report is based on information provided to the Task Force by the directors of university programs. Appendix A is an edited version of a report which originally appeared in "Human Communications Canada."

1. DESCRIPTION OF UNIVERSITY PROGRAMS

There are seven universities offering training in audiology and speech-language pathology in Canada. They are as follows:

- (1) The Department of Speech Pathology and Audiology, Faculty of Rehabilitation Medicine, the University of Alberta
- (2) The School of Audiology and Speech Sciences, Faculty of Medicine, University of British Columbia
- (3) School of Human Communication Disorders, Faculty of Allied Health Professions, Dalhousie University
- (4) School of Human Communication Disorders, Faculty of Medicine, McGill University
- (5) École d'orthophonie et d'audiologie, Faculté de médecine, Université de Montréal
- (6) Graduate Department of Speech Pathology, Faculty of Medicine, University of Toronto
- (7) The Department of Communicative Disorders, Faculty of Allied Health Professions, The University of Western Ontario

The directors of these seven university training programs provided characteristics of their programs, under the following headings:

Background
Training
Staff and Students
Philosophy
Future plans

A summarized version of these characteristics appears in Appendix A.

To indicate the varied nature of Canadian university training, the various philosophies of the programs appear below.

(1) University of Alberta

The Department produces speech-language pathologists who diagnose and treat communication disorders in clinics, hospitals and school settings. At the University of Alberta, professional training is offered within the realistic context of a

liberal education. A balance is sought between specialized disorder courses, basic courses in normal and disordered human communication, and courses of individual interest to students. Graduates are encouraged to continue their professional growth through continuing education, graduate programs and clinical experience.

(2) University of British Columbia

The objective of the School of Audiology and Speech Sciences is to train clinical audiologists and speech-language pathologists. The School holds to the philosophy that the scientific and professional field of audiology and speech-language pathology is primarily concerned with the understanding and use of language. This involves the various levels of physiological and psychological organization of language: phonetic, phonological, syntactic, semantic, and pragmatic, and both vocal and sign modalities. The School requires that its graduates be familiar with current research on speech, language, and hearing, and demonstrate clinical competence. The School maintains that an understanding of the theories and applications of linguistic knowledge, supported by primary information in acoustics, physiology, perception and cognition (i.e. information derived chiefly from social and behavioral sciences) provides a firm base from which the student can build outwards to some more specialized area of his/her chosen professional field.

(3) Dalhousie University

Our current philosophical objectives are: a) to provide a strong, well rounded base for learning, b) to develop the concept of co-workers between faculty and students within clinical and research domains, c) to reinforce self-responsibility for ongoing education, and d) to strive for academic knowledge, technical expertise in research and clinical endeavours and interpersonal growth.

Our current operational objective is to prepare competent masters level professionals for the practice of speech-language pathology and audiology. These competencies include: a) the application of scientific methods in studying normal and clinical populations, b) utilization of analytic thinking and independent problem-solving in clinical management, c) the ability to assume professional responsibilities related to the development of existing services, and d) the implementation of new clinical programs in accordance with community needs.

(4) McGill University

The School attempts to provide a balance between theory and practice. The student is prepared to work in a constantly-changing profession and, at the same time, to meet the immediate needs of professional practice. The programs emphasize basic sciences, the understanding of fundamental principles and their present and potential clinical applications rather than the teaching of specific diagnostic therapy or educational techniques.

(5) Université de Montréal

The École d'orthophonie et d'audiologie is devoted to the education of speech language pathologists and audiologists, to the development of research in the areas of speech, language and hearing and the disorders that can affect these systems and to outreach dedicated to the service of various groups experiencing needs related to communication and its disorders.

The program aims at developing in the student a sense of autonomy and professional responsibility, a scientific approach to the study and management of disorders of communication. Such qualities are deemed essential to the planning, programming, implementation and evaluation of professional activity in the areas of prevention, diagnosis and rehabilitation.

(6) University of Toronto

The two-year M.H.Sc. degree program in speech pathology provides education for entry into the profession at the academic level most widely accepted as appropriate in North America today. The program accepts professionally-motivated individuals from a wide variety of disciplines since it is believed that the profession gains through the influx of perspectives from other disciplines.

The major aim of the program is to prepare competent clinicians for the discipline of speech pathology who will be able to assume professional responsibilities in a variety of settings. These responsibilities include the diagnosis and management of various types of communication disorders, the further development of existing services, the implementation of new ones in accordance with community needs, and the initiation and development of research programs. The program makes available to students a broad spectrum of knowledge and encourages the development of a critical and innovative approach to speech pathology. It is believed that such an approach is particularly

important in a field where procedures must be continually modified and critically appraised to ensure their effectiveness and where it is essential that services are delivered efficiently and economically.

HIGHLIGHTS

- (a) The first Canadian university school for speech-language pathology and audiology was founded in Montréal, Québec in 1956 and was named École d'orthophonie et d'audiologie at Université de Montréal.
- (b) The only aural rehabilitation program available is at McGill University's School of Human Communication Disorders and is entitled Auditory-Oral Rehabilitation.
- (c) Terminal undergraduate programs are available at the University of Alberta's Department of Speech Pathology and Audiology and the University of Western Ontario's Department of Communicative Disorders; and a non-terminal undergraduate degree program is available at École d'orthophonie et d'audiologie at Université de Montréal.
- (d) Currently first year enrolments range from 15 to 40, depending on the university.
- (e) The spectrum of degrees offered is as follows: BSc (CD); B Sc; MA; MSc; M Sc (Appl); MH Sc; MCl Sc; and Ph D.
- (f) McGill University and University of British Columbia offer a doctoral program. The first doctorate awarded was in 1966, by McGill. The University of Toronto and Université de Montréal offer possibilities for doctoral training under a different mechanism.
- (g) Research degrees are offered at McGill University.
- (h) Future plans: Because of the relative youth of Canadian programs their future plans encompass many concerns for the development and improvement of the profession.

2. ACADEMIC AND CLINICAL REQUIREMENTS OF UNIVERSITY PROGRAMS IN CANADA

A comparison of minimum academic and clinical requirements of university training programs in Canada is presented below. TABLE I provides transcript breakdowns - minimum requirements in hours of instruction - for speech-language pathology; TABLE II for audiology.

INFORMATION

TABLES I and II below provide the following information.

- (a) There is great variability in university programs, a fact well known, but now documented.
- (b) Utilization of a class hour as a basic unit of instruction has made possible a meaningful comparison of university programs.
- (c) *Development of a core curriculum to be adopted by all programs is viewed by the Task Force as a high priority.*

TABLE I: CANADIAN UNIVERSITY PROGRAMS IN SPEECH-LANGUAGE PATHOLOGY:
TRANSCRIPT BREAKDOWNS - MINIMUM REQUIREMENTS IN HOURS OF INSTRUCTION*

UNIVERSITY PROGRAMS	AREAS OF INSTRUCTION			
	NORMAL SPEECH/ LANG/HEARING	SPEECH/LANG PATHOLOGY	AUDIOLOGY/ AURAL (RE)HAB	CLINICAL PRACTICUM
	(class hours)	(class hours)	(class hours)	(contact hours)+
UNDERGRADUATE (ug)				
University of Alberta	312	539	234	302
University of Western Ont	442	494	247	275
Université de Montréal	780	510	150	120
GRADUATE (grad)				
University of British Columbia	689	429	156	300
University of Western Ont				
2 year program***	52	364	0	306
3 year program	338	819	247	421
University of Toronto	270	565	124	300
McGill University	173	333	84	385
	86**	167**	42**	328
Université de Montréal				
Thesis		225	45	465
Directed Studies		270	45	465
Dalhousie University	266	479	131	328
*ASHA Min Requisites (class hours)	270	360	90	300

** Conference hours also available.

*** Students would have taken prerequisite hours in undergraduate program.

+ Definition: See GLOSSARY for "contact hours".

TABLE II: CANADIAN UNIVERSITY PROGRAMS IN AUDIOLOGY:
TRANSCRIPT BREAKDOWNS - MINIMUM REQUIREMENTS IN HOURS OF INSTRUCTION*

UNIVERSITY PROGRAMS	AREAS OF INSTRUCTION			
	NORMAL SPEECH/ LANG/HEARING (class hours)	SPEECH/LANG PATHOLOGY (class hours)	AUDIOLOGY AURAL (RE)HAB (class hours)	CLINICAL PRACTICUM (direct hours)†
UNDERGRADUATE (ug)				
University of Western Ont	442	494	247	275
Université de Montréal	780	105	555	120
GRADUATE (grad)				
University of British Columbia	689	182	416	300
University of Western Ont 2 year program*** 3 year program	0 388	0 208	416 731	306 421
McGill University	229 114**	56 28**	317 159**	385
Université de Montréal Thesis Directed Studies		45 45	225 270	465 465
Dalhousie University	266	80	532	300
*ASHA Min Requisites: (class hours)	270	90	360	300

** Conference hours also available.

*** Students would have taken prerequisites hours in undergraduate program.

† Definition: See GLOSSARY for "contact hours".

CHAPTER III: PROFESSIONAL REGULATION OF PROVINCIAL SPEECH AND HEARING ASSOCIATIONS AND GOVERNMENTS

A. INTRODUCTION

On request*, the Task Force received provincial speech and hearing association membership requirements and provincial government legal regulations governing practice within their province (as of March 1983). Summaries appear in Appendices B and C. These two types of data have been compiled, updated as of November 1984, and are presented in TABLES III and IV, below.

Data on the Canadian Speech and Hearing Association (CSHA) and the American-Speech-Language-Hearing Association (ASHA) permit comparisons.

B. MEMBERSHIP REQUISITES IN SPEECH AND HEARING ASSOCIATIONS

TABLE III: EXISTING REQUIREMENTS FOR MEMBERSHIP IN SPEECH AND HEARING ASSOCIATIONS

REQUIREMENTS	BC ¹	Alb ²	Sask ³	Man ⁴	Ont	Que	PEI ¹	NB ²	NS ²	Nfld ²	CSHA ⁴	ASHA ⁴
Degree/License	(x=yes)											
Type of Degree												
Degree Unspecified	x	x	x				x	x				
Any Terminal Degree					x							
Canadian Terminal Degree (or equivalent)									x	x	x	
Master's Degree				x		x						x
Professional License				x								
Academic ⁵	(Semester Hours) ⁷											
Basic Areas ⁶	18	18	18	12			18	18	18	18		
Major Professional Area	24	24	24	24			24	24	24	24		
Minor Professional Area ⁶	6	6		6			6	6	6	6		
Hours not Specified					x						x	x
TOTAL SEMESTER HOURS ⁷	60	60	60	60			60	60	60	60		
	(Hours of Instruction)											
Basic Areas	270	280	180	200			270	270	270			
Major Professional Area	360	319	288	315			360	360	360			
Minor Professional Area	90		90	65			90	90	90			
Clinical	(Clock hours)											
Academic/Clinical Practicum	300	300	300		x		675 ⁸	200		300		
Hours not Specified	x											

1 Transfer from semester/credit hours to clock hours unavailable as of this date.

2 One semester hour = 15 clock hours of instruction.

3 One semester hour = 15.3 clock hours of instruction.

4 Summary statement appears in Chapter IV and in Appendix B.

5 Academic requirements are reported in minimum semester hours (SH). Most associations provide course hour equivalencies.

6 Clinical requirements are reported in minimum clock hours (CH) meaning direct clinical contact. Excepted in Quebec: any time spent in clinically-related activities is valid.

7 Totals

8 Basic Areas - Information pertaining to normal development and use of speech, language and hearing. In Manitoba this includes courses in human development and research methods.

9 Minor Professional Area - audiology for the speech-language pathologist and vice versa.

10 Totals include maximum allowable semester hours in basic, major, and minor areas plus supplemental allowances.

11 Only for students educated outside of Canada.

* The Canadian Speech and Hearing Association's National Councillors furnished a variety of official documents of their organizations.

TABLE III provides a comparison of the membership requirements of speech and hearing associations existing provincially, nationally, and in United States. Analysis of the summarized documents used to prepare the table follows.

1. DEGREE/LICENCE REQUIREMENTS

In five provinces (BC, Alta, Sask, PEI, and NB) degree for membership entry is unspecified; requirements constitute a specified number of clinical hours and academic hours in designated areas. The remaining provinces state specifications for membership other than academic and clinical hours.

Manitoba and Québec both require a masters degree in audiology or speech-language pathology, with Québec specifying a Canadian degree.

Ontario, Nova Scotia and Newfoundland all require a terminal degree for membership, with Nova Scotia and Newfoundland specifying that this degree be Canadian or equivalent.

Manitoba specifies the need for a licence in speech pathology and/or audiology to practise in the province.

Clearly, provincial variations exist, indicating the need for Canada-wide membership regulations in order to assure reasonable competency levels and permit professional mobility and portability across Canada.

Membership in the Canadian Speech and Hearing Association is available to all graduates of Canadian university programs in speech-language pathology and/or audiology. Applicants from non-Canadian programs are evaluated for equivalency by the Membership Committee.

Summary statements relating to ASHA appear in Chapter IV and in Appendix B.

2. ACADEMIC AND CLINICAL HOURS REQUIRED

British Columbia, Alberta, Manitoba, Saskatchewan, Prince Edward Island, and New Brunswick are all similar in their academic requirements for membership. All require 18 semester hours in courses that provide fundamental information applicable to the normal development and use of speech, hearing and language (Manitoba requires 12). As well, 24 semester hours must be in the major professional area. All six of these provinces require a total of 60 semester hours. All the above provinces except Saskatchewan specify a need for a minimum of six semester hours in a minor professional area.

A minimum number of supervised practicum hours obtained while pursuing a professional degree are specified by six provinces. Three hundred hours of direct clinical contact are required in Saskatchewan, Manitoba, Alberta and Newfoundland. Two hundred hours of direct clinical contact are required in New Brunswick. In Quebec 675 hours of clinical experience are required.

C. PROVINCIAL GOVERNMENT REGULATIONS FOR REGISTRATION/ LICENCING/CERTIFICATION

TABLE IV: REGISTRATION/LICENSING/CERTIFICATION REGULATIONS OF PROVINCIAL GOVERNMENTS

COMPONENT	BC	Alta	Sask	Man*	Ont	Que	PEI	NB	NS	Nfld	CSHA	ASHA
REGULATION CHARACTERISTICS						(x=yes)						
Type	Reg			Lic	Reg	Cart						Cert
Statutory (legislated)				x		x						
Non-Statutory (voluntary)	x				x							
For Protection of:												
Function				x								
Title				x		x						
None at This Time	x		x					x	x	x	x	x
REQUIREMENTS**												
Academic												
Basic Areas		18		12	13.3							12
Categories of study specified	x			x	x							x
Min. credit requirement per category				x								x
Related Areas		6		12	13.3							
Major Professional Area		24 ¹		24	21							24
Categories of study specified	x			x	x							x
Min. credit requirement per category												x
Minor Professional Area		6		6	4.3							6
Categories of study specified	x				x							x
Min. credit requirement per category												x
Total ³		60		60	57	50-60						60
No. hours acceptable toward a graduate degree				30								30
Clinical						(clock hours)						
Clinical practicum		300	300	300	275	675 ²						300
Areas of experience specified				x	x							x
Min. credit requirement per category				x	x							x
Post-graduate clinical experience												
Supervised (CFY)				x								x
Unsupervised												
EDUCATION LEVEL REQUIREMENTS						(x=yes)						
Masters Degree				x		x						
Examination												x
Fellowship Year												x

¹ Clarification being considered by Alberta Professional Examination Board.

² Total time spent in any clinically related activity.

³ Totals include maximum allowable semester hours in basic, major, and minor areas plus supplemental allowances.

* Manitoba also has a certification program for school clinicians. See Section on Certification.

** 'Categories of Study Specified' - sub-areas of study specified within the major classification. See draft summary for details of each association.

'Minimum Credit Requirement per Category' - minimum credits earned within the specified categories of study.

'Clinical Practicum' - supervised clinical experience obtained during academic training.

'Supervised Post-Graduate Clinical Experience' - supervision during a specified period of professional employment.

'Unsupervised Post-Graduate Clinical Experience' - period of professional experience acceptable to the Board.

TABLE IV provides a comparison of components of registration/licensing/certification for the provincial governments, CSHA, and ASHA. Analysis of these data follow.

1. REGULATION CHARACTERISTICS

Specifications for registration, licensing or certification are based on an accumulation of academic and clinical hours. Four provinces have neither existing nor proposed guidelines for regulation etc. These are: British Columbia, Prince Edward Island, Newfoundland and Nova Scotia.

Alberta and Ontario both possess non-statutory (voluntary) registration which does not provide for legal protection of title or function. Manitoba has statutory licensing; Québec has statutory certification. Under the current act Manitoba's statutory licensing protects both function and title only for speech and hearing therapists; Quebec's statutory certification protects the title only. Ontario has submitted a draft proposal to change to statutory registration (to protect title). New Brunswick has submitted a draft proposal for statutory licensing (to protect function and title).

2. COURSE REQUIREMENTS

Academic

Alberta, Manitoba, Ontario, and Québec* specify total semester hours - ranging from 50 to 60. In Quebec these hours are employed only for determining equivalency of applicants trained outside the province. Alberta, Manitoba, and Ontario require a breakdown of hours in basic area of study, related areas, and major and minor professional areas. As well, Alberta and Manitoba specify in all cases (Ontario in most) the categories of study required under each area.

Alberta requires the greatest number of hours per area of study: 18 in basic; six in related; 30 in the major professional area; and six in the minor professional area.

Manitoba's hour requirements are: 12 in basic; 12 in related areas; 24 in the major professional area; and six in the minor professional area. Ontario requires 13.3 in both basic and related areas; 21 in the major professional area and 4.3 in the minor professional area (overall slightly less than Alberta and Manitoba).

Clinical

Alberta, Manitoba, Ontario, and Quebec* specify number of clinical practicum hours required. In Quebec these hours are employed only

* Only for equivalency

for determining equivalency of applicants trained outside the province. Alberta requires completion of 300 clock hours (areas of experience not specified). Manitoba also requires completion of 300 hours, and specifies areas of experience. This is similar to ASHA's requirements. Ontario requires 275 hours and also specifies areas of experience and a minimum credit requirement for major and minor professional areas. Québec requires 675 hours, but this represents total time spent in any clinically related activity.

In addition, Manitoba and Quebec require a masters degree or equivalent.

SUMMARY AND RECOMMENDATIONS

1. There is significant variation in requirements for professional association membership across Canada.
2. Provincial government regulations allowing professionals to practise vary widely across Canada.
3. The above-named variations reflect unequal professional requirements and restrict credential portability and mobility of speech-language pathologists and audiologists across the provinces.
4. *Because of the above-named variations, the Task Force recommends that:*
 - (a) *provincial professional associations and provincial government regulatory bodies investigate means to increase reciprocity;*
 - (b) *in a Canada-wide program for certification of audiologists and speech-language pathologists instruction be specified in clock/class hours.*

CHAPTER IV: PROFESSIONAL REGULATION IN AUDIOLOGY
AND SPEECH-LANGUAGE PATHOLOGY
IN SELECTED COUNTRIES*

INTRODUCTION

To provide a broader overview of possible professional regulatory options available to the Task Force, letters were sent to the International Association of Logopedics and Phoniatrics (IALP) and to national professional organizations in other selected countries. The letters requested specific information regarding regulation of the profession in each country, including training; entry requirements; the role of the professional organization in controlling entry to practise; requirements for continuing education; and reciprocity.

As Table V indicates, responses were received from New Zealand, the United Kingdom, Sweden, the United States, France and South Africa,* as well as the IALP.

The reader is cautioned to keep in mind the following factors when considering the comparisons made in Table V.

- o The material received by the Task Force has been interpreted but not verified.**
- o Variations exist from country to country in work settings: terminologies; educational and training systems; social and health systems; legal requirements; professional organizations; and job descriptions.
- o Although the role and training of what we term speech-language pathologists have commonalities across countries, the role and training of audiologists in Canada differ in some of the other countries surveyed. For example, professionals trained in South Africa are registered in both speech therapy and audiology, while

* - The Task Force thanks the professionals in other countries who responded to our questions. Response rate was 63%.

- In some countries, changes are being considered. Information reported here reflects the situation at the time of our correspondence, 1983-84.

** In order to organize the information into a comparable format it was necessary to interpret the information and terms used. Because of time constraints it was not possible to verify the completed information a second time with our correspondents.

in Sweden, France and the UK the training, career structure and role are different and separate from speech-language pathology.

- o Although a professional organization may not control entry to practise, the standards it supports may influence training programs, employers and institutions. For example, in the United Kingdom the majority of speech therapists are employed by the National Health Service (NHS). To work in the NHS one must graduate from a training course recognized by the College of Speech Therapists (CST) (the national professional organization) even though membership in CST is not a requirement to practise.
- o As in Canada which has different regulations in different provinces, in the US there are differences among states and among the various state and the national professional organizations.

PROFESSIONAL REGULATION

A comparison of data collected on professional regulation is presented in Table V. Analysis of the data along with additional information is provided below.

1. TRAINING

- (a) Training varies from three years of undergraduate work in New Zealand, Sweden, and France to masters degree level training required by the states (34) which have licensing in the United States.
- (b) In New Zealand prospective professionals begin their training with one year of teacher training, then continue with two years of special speech therapy training. Each is qualified as a teacher as well as a speech therapist. The speech therapy certificate is not awarded until the completion of one year of successful practice.
- (c) In the United Kingdom degree courses must be approved by the university or by the Council for National Academic Awards. As well the Academic and Registration Board of the College of Speech Therapists must also approve the training programs for its graduates to be employed in the NHS.

Degree courses of three or four years duration are offered at universities, polytechnics, and colleges of education. In the UK, diploma courses (which are being replaced by degree courses) are in the process of being phased out; the last diplomate graduated in 1984. For diplomates CST set an exam

TABLE V: PROFESSIONAL REGULATION IN SELECTED COUNTRIES

REGULATION COMPONENT	NEW ZEALAND	UNITED KINGDOM	SOUTH AFRICA	SWEDEN	FRANCE	UNITED STATES
1. Training Length	3 yrs: 1 yr ed. 2 yrs sp therapy ¹	3 or 4 years	4 years	3 years	3 years at undergraduate level	varies by state
Training as entry	yes	yes	yes	yes	yes	varies by state
Specific course work required	yes	training programs approved	yes	yes	yes	varies by state
Exam after training	no	not after '84, except for overseas trained	no	no	no	varies by state
Supervision required after training	yes ¹	only for some overseas trained	no	no	no	varies by state
Training programs approved	no	yes by Board of CST and academic bodies	yes by SAMDC	no	yes, by Ministry of Education	voluntary program by ASHA
2. Role of Professional Assocs regarding Entry into the Profession	consultative to training programs	approves training programs, members of profession evaluate training		consultative		some state associations nominate candidates for and individuals as voluntary basis
3. Entry to the Profession Licence	no	no	yes, compulsory registration (licence to practice)		yes	yes in 34 states
Certificate	no	for overseas trained: CST issues certificate of recognition		issued by universities	yes, by Minister of education and Minister of Public Health	voluntary by national assoc
4. Continuing Education Required	yes, after 5 years out of field, on re-entry to Ed. Dept.	no	no	no	no	varies by state (some states require CE for renewal of licence)
5. Recognition of other Countries' Training	membership in Assoc by vote of executive	yes	yes	no	no	certification by national professional association
6. Audiology as a Profession	no training in NZ	different training and professional organization	audiology regulation is the same as for speech therapy ³	trained as a physician ⁴	trained as a physician to be an otolaryngologist	regulation is same as for ap. lang. pathologist, and varies by state

1 In New Zealand the speech therapy certificate is not awarded until the completion of 1 year of successful practice.
2 In France "La Fédération nationale des orthophonistes" does not monitor the profession. This is done by the medical profession under the "Law on Public Health".
3 A professional can be registered as a speech therapist, as a speech therapist and audiologist, or as an audiologist, depending on training.
4 In Sweden, there are medical specialties of audiology and phoniatrics based on full registration as a physician plus specialty training.

NOTE: REPLACE ITEM 2. ABOVE WITH THE FOLLOWING

2. Role of Professional Assocs regarding Entry into the Profession	consultative to training programs	approves training programs	members of profession evaluate training programs and are elected to Professional Board of SAMDC	consultative	consultative to training programs ² and continuing education	some state associations nominate candidates for licensing boards; National Assoc accredits training programs, clinical settings, and individuals on voluntary basis
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which in effect controlled entry to the profession. The exam was not given to graduates of degree programs.

In the UK there is no professional with the title "audiologist". There are audiology technicians and audiological scientists. Speech pathology and audiology are considered entirely different subjects with separate training and career structures. Training for an audiological scientist includes a master of science course in audiology. The British Association of Audiological Scientists oversees training and standards and awards a Certificate of Audiological Competence on a voluntary basis.

In addition, in the UK there are other related professionals such as physician in audiological medicine, hearing therapist, and teacher of the deaf (audiology). The latter has qualifications as a teacher of the deaf, with additional specialist training in audiology.

- (d) In Sweden, training in language-speech pathology constitutes three years in university. The degree serves as entry to the profession via a certificate issued by the universities.

Audiology and phoniatics are separate medical specialities based on full registration as a physician, with requirements of supervised medical service and "specialist courses" with exams. The supervised clinical medical service takes place in various medical specialty departments and is extensive: six years for audiology, and four and a half years for phoniatics.

- (e) In France, 13 universities offer a three year program. Entry to the program is at the undergraduate level. All programs are under the administration of a faculty of medicine. The program is defined by the Ministry of Education.

Audiology does not exist as a separate profession in France; it is part of the medical profession (otolaryngology).

- (f) In the United States training is at universities, at both the undergraduate and graduate levels. Whether graduation from the training program constitutes entry to practice varies according to the employment setting and by state.

- (g) In South Africa, training requirements are four years in a university program. Training programs must meet specific guidelines established by the South African Medical and Dental Council (SAMDC) and may not be changed without

concurrence of the Council. Each training program is evaluated by inspectors, experienced speech therapists and audiologists appointed by the SAMDC. All those who are trained at South African university programs are registered by SAMDC in both "Speech Therapy and Audiology".

2. ROLE OF PROFESSIONAL ASSOCIATIONS

- (a) In New Zealand standards are set by the training program. There are no existing guidelines or criteria for certification/accreditation. The professional organization does not have control over entry to practice, nor entry to training, but is consulted when matters pertaining to the service or training are being considered.

Anyone trained in New Zealand is eligible for membership in the association; others require a vote of the association's executive. The name of the association, the New Zealand Speech-Language Therapists Association, is registered; not the individual professional.

- (b) In the United Kingdom the professional association, the College of Speech Therapists, in effect controls entry to jobs in the NHS through the vehicle of approving training programs (although professionals do not have to belong to CST to practise). The CST also oversees entry to the profession of speech therapists trained overseas.

There are several professional groups concerned with audiology including the British Society of Audiology, and the British Association of Audiological Scientists.

- (c) In Sweden, the role of the professional association in training and certification is of a consultative nature.
- (d) In France, "La Fédération nationale des orthophonistes" functions as a union as well as organizing regional and national conferences for continuing education. The Fédération also prepares reports on the profession and makes recommendations for training programs. The Fédération does not monitor the profession. This is done by the medical profession under the "Law of Public Health".
- (e) In the United States, the national and state organizations set standards for membership, but not for entry to practise.

The national professional association, the American Speech-Language-Hearing Association (ASHA) does approve training programs and clinical settings, as well as certify individuals on a voluntary basis. The Certificate of Clinical Competence

(CCC) has specific academic and clinical practicum requirements (see Table IV and Appendix C). Satisfactory completion of a written examination and a period of supervision are also required. One does not have to be a member of the Association to hold the CCC.

Standards of licensing are embodied in state law and typically are administered by a board. In many states, the professional organizations nominate candidates for the board that administers the licensing.

- (f) In South Africa, members of the profession of speech therapy and audiology elect representatives to the "Professional Board for Speech Therapy and Audiology" of the SAMDC (see below). Members of the profession also serve as inspectors for the evaluation of the training programs.

3. ENTRY TO THE PROFESSION

In all countries which responded, training may serve as entry to the profession. For example in France, entry is limited to those who hold the certificate in speech pathology (Certificat de capacité d'orthophoniste) which is awarded after completion of the training program. However in South Africa and the US there are special circumstances that need to be noted.

- (a) In South Africa registration is compulsory. The body that registers speech therapists and audiologists is the South African Medical and Dental Council (SAMDC). Speech therapy and audiology are considered a paramedical profession along with physiotherapy, occupational therapy, clinical psychology and others. The SAMDC has professional boards for each paramedical profession. Each profession has separate rules, professional descriptions and regulations regarding training.

The Professional Board for Speech Therapy and Audiology has as its chair and a majority of the Board, members of the profession. Those Board members who are speech therapists and audiologists are elected by the profession. (The Board also has a representative of the Executive Committee of Council, a medical specialist with a particular interest in the profession of speech therapy and audiology, and a registrar and secretary. Graduates of all training institutions in South Africa are automatically registered since the Council evaluates training programs.

- (b) In the United States entry varies by state and by employment setting. Licensing is a matter for state, not national

jurisdiction. Thirty-four states have licensing laws and require a licence to practise.¹ All of these require a graduate masters degree for licensure.²

However, most of the state licensing laws have exemptions for speech and hearing professionals, as well as for other professional disciplines. The exemptions apply to a significant number of individuals. For example, in all but five states that have licensure, those working in public agencies (e.g. public schools) are exempt from obtaining a state licence.

Speech-Language pathologists who work in school settings must be certified by the state department of education. Certification requirements vary from state to state.³ Although anyone working in schools must have some type of certificate or statement of professional recognition, only 21 states have specific certification for audiologists working in schools. In some states certification is at the BA level; in others an MA (or equivalent) is required. Some states have entry level with a BA but the certificate is renewable only for a specific time. To renew after the specified time (3-10 years), additional qualifications are necessary. Only 21 states have specific certification for audiologists.

4. CONTINUING EDUCATION (CE)

Although generally professional organizations surveyed encourage and support continuing education of working professionals, completion is typically voluntary with some exceptions noted below.

- (a) In New Zealand (unique as far as is known) there is a compulsory re-training if a professional enters the education service after a break of five years or more. Re-training includes three major written assignments (plus practical work); observation of other therapists; and when possible a short course specifically designed to assist in aspects of administration, testing, etc. There are no CE requirements for other professionals.
- (b) In the United Kingdom, Sweden, South Africa, and France, continuing education is voluntary for those already employed.
- (c) In the United States the national organization, ASHA, has a voluntary continuing education program.

Approximately one-third of the state licensing laws either require or have the option to require CE. New Mexico, for example, requires continuing education for renewal of licences.

5. RECOGNITION OF TRAINING FROM OTHER COUNTRIES

- (a) Most US state licensing laws do not have provision for reciprocity. However, the national professional organization (ASHA) has special requirements for the Certificate of Clinical Competence for applicants educated in other countries.⁴
- (b) In the United Kingdom, the Academic and Registration Board of the CST can establish which qualifications are equivalent to UK training. Currently these include Australian courses recognized by the Australian Association of Speech and Hearing; courses recognized by the South African Association of Speech and Hearing; US masters degrees with CCC; and the M Sc of UBC. Other applicants for equivalency must successfully complete the CST's qualifying written and practical examination.
- (c) Currently in Sweden and France there are no standards formulated for reciprocity.
- (d) In New Zealand, the executive of the association can vote to accept for membership, graduates from recognized training programs outside the country.
- (e) In South Africa, training programs in other selected countries can be evaluated, and if approved, its graduates are eligible for registration.

6. SUMMARY AND RECOMMENDATIONS

In the countries that responded, training varies from three years of undergraduate training to a graduate masters degree. Typically, training serves as entry to the profession.

All professional associations serve an advisory and consultative role. Some are involved in more specific certification, accreditation and licensing roles. Some approve training programs both within and outside the country. Recognition of individuals trained in other countries varies. Generally, professional associations encourage continuing education and hold conferences and meetings, although only a few countries require CE.

- o Unique situations in each country determine the job descriptions and the role of individual professionals and of professional associations in training, and setting requirements for entry to the profession.

- o A review of the above professional regulations in selected other countries underscores the importance of considering the unique characteristics of professional practice in Canada as well as commonalities found in other countries in any formulation of a certification model.
- o From the process of this review, the Task Force recommends that:
 1. in any certification process mechanisms for reciprocity and recognition for professionals trained in other countries be considered;
 2. requirements for continuing education be determined;
 3. formal and informal vehicles for information exchange with professionals in other countries be developed and maintained (e.g. through membership in the International Association of Logopedics and Phoniatrics).

REFERENCES

1. American Speech and Hearing Association: Ask ASHA. ASHA 1984; 1:36
2. American Speech and Hearing Association: Nevada upgrades licensure law. ASHA 1984; 1:8
3. American Speech and Hearing Association: Ask ASHA. ASHA 1984; 4:19
4. American Speech and Hearing Association: Changes in the requirements for the Certificates of Clinical Competence. ASHA 1984; 3:41

CHAPTER V: REGULATION IN OTHER SELECTED PROFESSIONS*

INTRODUCTION

It was decided to review regulations in professions similar in certain ways to speech-language pathology and audiology. Physiotherapy, occupational therapy, and psychology were selected. Letters were sent to national and provincial professional bodies and provincial legislation was examined for each group. Specific information was requested regarding various aspects of regulation of the profession, including training/entry requirements; roles of national and provincial organizations in regulation; continuing education requirements; and reciprocity.

The results of this investigation are summarized in Table VI. Analysis of the data along with additional information are provided below.

The following should be kept in mind when reviewing Table VI.

- o In order to organize information received into a comparable format, it was necessary to interpret information and terms used. Because of time constraints it was not possible to verify information with the organizations that responded to the Task Force's request for material.*
- o At the time this report was written, legislation regarding these professions in some provinces was being reviewed, rewritten, or was pending.

1. EDUCATIONAL REQUISITES

- (a) The training of occupational therapists is regulated by the Canadian Association of Occupational Therapists (CAOT) through accreditation of university programs and clinical training placements. The Association is in the process of developing a certification examination to further develop uniform standards of education and criteria for eligibility for membership in CAOT regardless of place of training.

Successful completion of an educational program at the baccalaureate level which has been accredited by CAOT, appears to be the generally accepted basic entry requirement in both the national association and provinces with legislation/regulation

* The Task Force thanks the organizations that responded to our questions.

regarding the practice of occupational therapy. Some provinces reported that once the CAOT certification examination is in place, passing of this examination will become an additional entry requirement.**

- (b) The Canadian Physiotherapy Association (CPA) is involved in the regulation of training programs through the development of a core curriculum and the accreditation of schools of physiotherapy. Graduation with a baccalaureate degree from an accredited program is required to practise in all provinces with legislation/regulation, or where pending. An exception is Ontario which also recognizes graduates with diplomas from one educational institution in Ontario and the Chartered Society of Physiotherapy, United Kingdom. (This issue is currently being addressed as graduates of these programs are not eligible for membership in the CPA nor registration in other provinces.)

Eligibility for membership in the CPA is listed as a requirement for registration in all provinces except Quebec.

Quebec differs slightly from other provinces in entry requirements by requiring Canadian applicants, with education equivalent to the Quebec degree, to complete an internship.

- (c) Membership in the Canadian Psychological Association (CPA) is open to individuals with a PhD in psychology, or a masters degree in psychology or "it's equivalent", conferred by a school of recognized standing, and sponsorship by two members of the association.

The doctoral degree is the accepted level of training in British Columbia, Manitoba, Saskatchewan, Ontario and Nova Scotia. The masters degree is the current minimum education requirement in Alberta, but under proposed legislation, the doctorate will become the requirement for licensing/registration/certification in Alberta and Newfoundland. In Quebec, a bachelors degree and a masters degree in psychology from a Quebec University are required.

**For all three professions the issue of professionals trained in other countries will be dealt with in another section.

TABLE VI: REGULATION IN OTHER SELECTED PROFESSIONS

REGULATION COMPONENT	OCCUPATIONAL THERAPY	PHYSIOTHERAPY	PSYCHOLOGY
1. Educational Requisites			
Training as entry	bachelors degree ^{ab1}	bachelors degree ^{ab5}	masters/doctorate (degree (varies provincially))
Core curriculum outlined	no ²	yes ^a	no
Exam after training	as of Oct. 1985 ^{a3} ; varies provincially	for graduates of non-Canadian programs ^a , varies provincially ^b	varies provincially
Supervised clinical experience after training	no ⁴	for graduates of non-Canadians programs	varies provincially
Accredited univ programs	yes	yes	no ⁷
2. Role of National Professional Association Regarding Entry into Profession	consultative; recommends standards; accredits university programs; develops examination ² ; certification requirements for membership in national association	consultative recommends standards accredits university programs and physiotherapy services establishes core curriculum and examination registration requirements for membership in national association	consultative
3. Entry to Practice Provincial Regulations ⁸			
Legislation	6 provinces	9 provinces	9 provinces
Non-Statutory registration	4 provinces	1 province	
4. Continuing Education Required	varies provincially	varies provincially	varies provincially
5. Recognition of other provincial regulation	no formal agreements but similar requirements amongst provinces	no formal agreements but similar requirements amongst provinces	no formal agreements
other ^a countries' training	by review of educational qualifications and examination ^{ab}	by review of educational qualifications of exam and possibly supervised clinical experience ^{ab}	by review of educational qualifications ^{ab} , additional requirement of examination and supervised clinical experience in some provinces

a National Association

b Provincial Associations/Regulatory Bodies

1 A few provinces recognize a diploma in occupational therapy but only from an educational institution approved by the regulatory body.

2 Recommendations made regarding curriculum content based upon occupational profile developed by CAOT.

3 CAOT is in the process of developing a certification examination. Expect provinces with legislation will adopt this standard and exam.

4 Training specifies 1200 hours of supervised field work.

5 Ontario currently recognizes diplomas granted by 1 educational institution in Ontario and the Chartered Society of Physiotherapy of the U.K.

6 CPA has developed a mechanism for the evaluation of grads from other countries. Most provinces have adopted this standard.

7 In some provinces (eg. Ontario) the Board will accredit doctoral programs.

8 Determination of entry to practice is provincial mandate.

Additional requirements that vary from province to province include any one of or combination of the following: examination (written and oral); completion of post graduate supervised experience; sponsorship by registered psychologists.

2. ROLE OF NATIONAL PROFESSIONAL ASSOCIATIONS

All three professional associations determine standards for membership on a national basis. In provinces with some type of legislation/regulation regarding the profession, it is the provincial association or a closely affiliated body that controls entry to practice.

- (a) The Canadian Association of Occupational Therapists (CAOT) was established in 1934 and membership currently stands at approximately 2,800. As previously mentioned, CAOT is involved in the accreditation of educational facilities as well as the accreditation of facilities for use as student placement settings. It is also concerned with the establishment of uniform and complimentary national/provincial membership/regulation requirements. To this end by 1985 a certification examination will be in place as an additional requirement for membership in CAOT. It is anticipated that certification by CAOT will be required as a criterion for licensing/registration in some provinces.
- (b) The Canadian Physiotherapy Association (CPA) was founded in 1920. Total membership is approximately six and a half thousand, including students and members practising outside Canada. The CPA is involved in establishing standards of education and practice by accrediting physiotherapy educational programs and physiotherapy services, developing core curricula, developing national standards for membership, establishing a mechanism for evaluation of graduates of non-Canadian programs and providing continuing education opportunities. The CPA is also currently involved in developing a format for certification of specialization.

Provincial legislative boards have long utilized the services and expertise of the CPA in setting standards.

- (c) The Canadian Psychological Association was founded in 1939, incorporated in 1950 and presently has a membership of 3,128. The Canadian Psychological Association is involved in the development of national standards. It has also been involved in the development of accreditation criteria for clinical psychology programs and internships and accreditation procedures.

3. ENTRY TO PRACTICE: PROVINCIAL REGULATIONS

- (a) Six provinces have legislation regarding occupational therapy: Saskatchewan, Manitoba, Quebec, New Brunswick, Prince Edward Island, and Nova Scotia. The mechanism of non-statutory registration is currently in place in Ontario; however this is being reviewed. Legislation is being considered in British Columbia. The type of legislation (licensure, registration, certification) varies provincially as well as the scope of regulation (protection of title and function versus protection of title only). In those provinces with legislation, licensure/registration is mandatory in order to practise.
- (b) Legislation regarding physiotherapy exists in all Canadian provinces, with the exception of Alberta. All practising physiotherapists must be registered with/certified by the regulatory/licensing board in the province where they are working. In Alberta, it is recommended that physiotherapists be registered with the provincial registering board but this is not required by law. (Alberta expects new legislation to be passed in the very near future). As with occupational therapy, the scope of regulation varies provincially.
- (c) Persons wishing to practise psychology or use the title psychologist in the provinces of Alberta, Saskatchewan, Manitoba, British Columbia, Ontario, Quebec, Nova Scotia, New Brunswick must hold a certificate of registration from the provincial Registration, Licensing, or Certification Board for Psychologists. It is currently not mandatory that psychologists be registered in Newfoundland, Prince Edward Island, and the Yukon.

In some provinces (Saskatchewan, Ontario, British Columbia) certain practitioners are exempt from being registered. These exemptions appear to include individuals employed by the provincial or federal government, universities and, in some cases, school boards.

4. CONTINUING EDUCATION REQUIREMENTS

While most of the professional organizations (national and provincial) appear to support the concept of continuing education, few provided specific information with regards to mechanisms or standards for continuing education.

From the information that was obtained the following was noted:

- (a) Requirements for continuing education vary greatly within each of the professions and from province to province.

- (b) Two aspects of continuing education were addressed: one deals with mechanisms and requirements to assure continuing competence and the other re-entry to practice.
- (c) Some provinces may require that an individual have practised for a specified number of hours over a period of time in order to maintain registration/certification/licensing; others, that the individual obtain a specified number of continuing education units.
- (d) There appear to be more standards in place with regards to re-entry to practise, but again there is variability as to the mechanism employed. A "review" by the provincial legislative body may be required in some provinces, while completion of course work and/or supervised clinical experience may be required in others.

5. RECOGNITION

(i) Of Other Countries' Training

- (a) The implementation of the certification examination by the Canadian Association of Occupational Therapists will require that anyone seeking to establish eligibility for membership in CAOT regardless of place of training write the examination. It is expected that provinces with legislation will adopt the same examination in addition to review of training, as criteria for registration/certification/licensing.
- (b) The Canadian Physiotherapy Association (CPA) has developed a mechanism for evaluating graduates from other countries. All provincial legislative boards have adopted this same mechanism which requires that professionals submit details of educational training; pass a written examination; and successfully complete a four month residency.
- (c) Professionals seeking membership in the Canadian Psychological Association adhere to the same requirements as graduates of Canadian programs.

The same is true for professionals seeking registration/certification/licensing by provincial regulatory bodies. Additional standards may be required at the discretion of the regulatory board, or requirements may be waived in part or all together if equivalency of standards can be determined.

(ii) Of Other Provincial Regulations

- (a) There do not appear to be any "formal" agreements between provincial professional regulatory bodies with regards to reciprocal recognition of registration/certification/licensing requirements.
- (b) For both occupational therapy and physiotherapy, provincial requirements for membership and/or registration, certification, licensing are in most cases so similar that credentials from one province would appear to be readily recognized by another.
- (c) There is much more disparity in provincial requirements for psychologists. Some provinces will consider modifying the registration procedure when dealing with persons registered or licensed in some other jurisdiction.

SUMMARY

On the basis of the review the following points can be made:

- 1. Successful completion of a specified degree is the minimum basic entry requirement into these professions both nationally and provincially.
- 2. Other requirements including examination after training, supervised clinical experience, and accreditation at university program, alone or in combination, are required by most national associations and provincial regulatory bodies.
- 3. The role of the National Associations in regulation of the professions varies greatly. The establishment of national standards by associations like the Canadian Association of Occupational Therapists and the Canadian Physiotherapy Association appear to have had a significant influence on the adoption of standards/requirements for practice by most provincial regulatory bodies.
- 4. The establishment and adoption of uniform and complementary standards by national associations and provincial regulatory bodies offers benefits to the professional in allowing for mobility across Canada.
- 5. The accreditation of university programs by national associations establishes uniform standards of education for professionals.
- 6. The establishment of national mechanisms for the review of professionals trained outside Canada ensures a standard of training comparable to that of professionals trained in Canada.

7. While evaluation to determine continued competence is recognized as important by national associations and provincial bodies all have experienced some difficulty in implementing such evaluations.

CHAPTER VI: THE CLINICAL CERTIFICATION OF
AUDIOLOGISTS AND SPEECH-LANGUAGE
PATHOLOGISTS IN CANADA:
DEFINITIONS AND MECHANISMS

1. INTRODUCTION

A desire for the best available health care on the part of society brings with it a complex set of problems which relate to both the individual and general good. To provide the best available care implies concern with criteria of excellence, which embrace a system of measurement using qualitative and quantitative data. Thus, a CERTIFICATION SYSTEM is required which utilizes objective measurements based on a set of criteria, accurately reflecting the state of knowledge and practice in a particular health field - in this case audiology and speech-language pathology.

The concepts of "criteria", "measurement", "assessment", how they are arrived at, and how they might be used to indicate the COMPETENCY of audiologists and speech-language pathologists wishing to practise and be certified in their profession in Canada are addressed in this chapter. Consideration is given to mechanisms for assessing competency, to the administration of an alternative program, and to a blueprint for administering a clinical certification program. The ultimate selection needs to be made by the Canadian Speech and Hearing Association.

In addressing these issues, the assumption is made that the profession (i.e. the body of individuals practising audiology and speech-language pathology) has the moral responsibility to ensure that the public receives the best care which can be afforded by the profession; thus within the confines of its practice, the profession is deemed responsible for the common good.

The issues involved in consideration of clinic-setting standards, and adequacy of universities to provide training, are not directly addressed in this chapter, but should be included in addressing competency.

A trained professional should be able to move throughout Canada without let or hindrance to her/his desire to practise. The assurance of high quality service Canada-wide is, therefore, addressed by proposing regulation of "providers" of services, rather than regulation of the agencies through which such services are provided.

Finally, it should be observed that certain basic assumptions underlie any form of "certification" (attesting to something) when used in the sense of "awarding a certificate for merit". Assumption 1. That such a certificate implies that an individual has been deemed to possess a

certain prescribed body of knowledge and skills. Assumption 2. That the possession and use of such knowledge and skills can be measured by some instruments. Assumption 3. That these instruments have an agreed-upon set point i.e. those who reach or exceed the set point "pass"; those who do not reach the set point "do not pass".

Assumption 4. That those who meet or exceed the set point have demonstrated the ability to practise, subject to individual provincial legislation. Those who fail to reach the set point may either elect to be re-measured - or not (i.e. withdraw from the field).

Inherent in such assumptions are the ideals (a) that it is possible to develop objective instruments, and (b) that intelligent and rational practitioners of audiology and speech-language pathology can agree upon a set point which, within the bounds of present knowledge and practice, will indicate that a practitioner has the skills and knowledge to provide a consumer with high quality care.

2. CRITERIA FOR EXCELLENCE (A Certifying Tool)

A standard is "a definite level of excellence...a definite degree of any quality...viewed as a prescribed object of endeavour." (OED)

The notion of meeting a set of criteria before being admitted to full membership in a trade or profession is, of course, an ancient one. "Guild" membership has always been a privilege in the sense that the rights of admission are controlled by a group of standard setting individuals.

Such criteria have usually arisen out of consensus: a shared belief system of a group of experienced "elders" who through knowledge and practice have assumed the responsibility of defining entry requirements, evaluating applicants, granting credentials, setting standards, and enforcing codes of conduct. A unique body of knowledge and skills, and demonstration of their intelligent application, are the core of a profession which its elders must monitor.

Behind the setting of criteria lies the belief that specific knowledge, skills, abilities and attitudes are required for the competent practice of an occupation or profession. Competence is viewed as the possession of knowledge and skills, whereas competency is viewed as the "ability to perform" skills to the level of efficiency required.

The object of those who set criteria is to confine practice (and or the use of an occupational title) to those who have had adequate training in these professional attributes. Through a certifying program (title and/or function), a profession attempts de facto, to restrict the right of title or function to those who have met the criteria of their certifying body. A professional body with a certifying program might then apply to Parliament or a provincial legislative assembly, for

authority to bring legal action against any person using the title and/or engaging in the activities of an occupation or profession, but who has not been granted a certificate by the certifying body.

Being certified confers status, privilege, rights and responsibilities on those possessing a certificate. It also bestows responsibility, rights and power on those who decide what constitutes competency, how it should be assessed, what criteria and standards are used to evaluate performance, and on whom certificates may be bestowed. The intent is to protect the public.

3. MEASUREMENT

Implicit in the notion of a set of criteria is the concept of measurement. Implicit in the concept of measurement is the belief that there is a knowledge base, a set of skills, a constellation of abilities and attitudes, which it is possible to accurately describe (i.e. upon which the majority of practitioners agree) and to which a set of empirical scales can be attached.

As indicated earlier, when using criteria it is possible and necessary to devise empirical scales (using quantitative and qualitative data) for every aspect of professional evaluation (eg. for assessing knowledge and for assessing a clinical skill). Further, empirical scales must have agreed-upon points (numbers) as indicators of an acceptable level of knowledge and of clinical expertise. The possession of an acceptable level of knowledge, plus the ability to achieve an acceptable level of clinical expertise is, by usage and tradition, generally taken as reflecting an individual's COMPETENCY.

Most would agree that competency involves personal characteristics such as motivation, sensitivity, integrity, interpersonal skills and physical and mental health. However, measuring such characteristics has proved problematic. Hopefully future developments will result in more valid measurement of these important characteristics. Most efforts to date to assess competency have focused primarily on the characteristics which yield most easily to empirical testing, that is, knowledge and measurable skills.

4. GENERAL METHODS OF ASSESSING COMPETENCY

Introduction (see Bibliography)

Assessing competency has been a challenge to all professions intent on trying to assure that an individual possesses and utilizes certain measurable skills. The following methods are possible means of assessing competency, alone or in combination, undergraduate or post graduate.

Methodological and Other Constraints

There are some aspects of any method of assessing competency, which need to be addressed. Examples follow.

Validity is the ability of a measuring tool to accurately measure the properties the tool purports to assess. Obviously the validity, for example, of a ruler capable of measuring the "length" of the standard centimeter, is more easily established than the validity of a tool capable of measuring language therapy skills. A competency measurement which is not designed to accurately measure certain relevant properties lacks validity and credibility. Tools for measuring competency are dependant on the knowledge and clinical skills of professionals and on their abilities to test such knowledge and skills in another individual.

Reliability of a measuring tool is the degree to which two or more individuals using the established tool obtain similar results, repeatedly over time. In order for replication to occur, integrity of examiners is involved.

Cost. A major constraint on precise methodological efforts is the amount of financing available; a second constraint is the amount of time which an essentially volunteer group can afford. A third constraint is the ultimate cost to the consumer; a fourth is the ongoing monitoring of the measuring tools.

Length of training is an additional consideration peculiar to Canada - ie the problems engendered by a bachelors degree compared to a masters; and a two year masters compared to a three year masters.

Methods

Direct observation of performance. A number of professional associations use this method in combination with others. Either by video or in vivo over a supervised period of time, this is seen as a costly and time-consuming method (see Bibliography). Unless care is taken to standardize situations and train judges to use agreed-upon criteria, results of this kind of evaluation may be unreliable. For example, a method which might be considered in the Canadian context is the use of the total clinical practicum experience in Canadian university programs, as a mechanism for measuring clinical competency, and awarding certification based on this practicum experience.

Oral and/or written questions. This method throws the examiners back on the dilemma of failing to rate personal qualifications. There is, however, an important assumption underlying oral and written tests of knowledge - ie possession of knowledge and skills does not assure use, but lack of such knowledge and skills obviously guarantees their absence. Based on this assumption, oral and written tests have become

important vehicles for determining competence in essay and/or multiple choice formats. Such testing is inherent in all university programs and is also employed by various professional associations.

Competency assurance (peer review). This method was developed in an attempt to overcome the variability associated with different examiners' different examiners' observations of different situations. A method is devised to establish standards of clinical performance and continuing education opportunities for maintaining clinical competency.

Completion of a degree program. This method, common to many professions, of assessing competency (eg evaluation of number of credit or clock hours) is a combination of the first two methods. This method of university completion is not necessarily an assurance of "quality". As documented in Chapter II, university programs are variable. This method is cost effective at the undergraduate level, but may not be at the graduate level.

Accreditation of university programs. This cost effective method, common to many professions, places emphasis on the completion of an agreed upon core curriculum and clinical practice - which includes evaluation of staff, record keeping, supervision and resources.

Continuing education (CE) (see Bibliography and Chapter VII). At the present time, the data in support of continuing education as a method for obtaining or maintaining certification or continuing certification are ambiguous. It is doubtful that any criteria of the type set out above could be established using CE at this time. However, some method which uses a combination of continuing education with, for example, degree completion, might be usefully considered.

Use of a combination of methods previously identified for measuring competency. It is possible that this method is the most attractive at this time, to counter balance the limitations in each.

Analysis

Thus, while the CSHA considers the options of reviewing credentials, developing a national examination, measuring a supervised period of practice, accrediting university programs, the Task Force recommends that the profession (a) carefully delineate its knowledge base (both theoretical and practical through the development of curricula); and (b) establish criteria against which to "assess" the theoretical and practical bases established in such curricula.

It is apparent that the profession has already partially engaged in both (a) and (b). Existing university programs could only have been established by delineating its knowledge base and criteria for admission to provincial and national professional organizations. That is, professional

associations examine at "arms length", by reviewing the theoretical and practical knowledge and skills obtained at university by examining courses taken and grades received.

If the concerns addressed in the introduction are to be applied objectively to all individuals wishing to be certified in audiology and speech-language pathology in Canada, then it is apparent that (a) mechanisms must be arrived at which will assure competency to practise by certification; and (b) a structure be developed to allow such mechanisms to be effected and effective within provincial regulations.

In the foregoing, general methods for measuring competency have been identified which will, at some later time, need elaboration. Section 5. below provides a Task Force summary of specific regulatory methods used by provinces and selected countries to credential audiologists and speech-language pathologists; and regulations to credential other selected professions. In an Addendum to this Chapter possible mechanisms for administering the chosen method(s) are outlined.

5. REGULATORY COMPETENCY METHODS USED BY PROVINCES AND SELECTED COUNTRIES TO CREDENTIAL AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS; AND OTHER SELECTED HEALTH PROFESSIONALS: A TASK FORCE SUMMARY

According to the Terms of Reference, the Task Force's mandate was to review regulatory competency mechanisms for audiologists and speech-language pathologists in place in the Canadian provinces, and other selected countries; and for other selected health professionals.

Mechanisms used in the various provinces are described in Chapter III. Professional associations in several countries responded to requests; those responses are contained in CHAPTER IV. Credentialing for clinical competency in other health professionals is described in CHAPTER V.

CHAPTERS III and IV document that various mechanisms have been devised and used by provinces and professional associations in Canada and other countries for setting clinical competency levels for professionals in audiology and speech-language pathology. These include voluntary and mandatory criteria. These mechanisms range from accepting an undergraduate degree/diploma as the qualification for entry to the profession (eight provinces and those non-North American countries surveyed), to the taking of exams or a fellowship year after the achievement of a masters degree. The two provinces in Canada (Quebec and Manitoba) with statutory regulation require attainment of a masters degree - without post graduate exams. Chapter V documents that in some health professions (eg physiotherapy) a core curriculum is used as a base for accreditation of university programs; graduates of these programs meet clinical competency requirements.

As TABLES III and IV show, requirements for professional association membership vary across Canada, and there are wide variations in provincial government regulations regarding practice. These variations reflect unequal professional preparation and restrict credential portability and mobility across the provinces. Thus the Task Force recommends that the CSHA implement a Canada-wide program for certification of audiologists and speech-language pathologists.

Most national professional communities are or have been concerned with establishing clinical credentialing of practising professionals by some certification process. In Canada, where there is at present no national certification process, degrees conferred by those various universities offering programs in audiology and speech-language pathology serve first as an indicator of academic ability, and second, as a de facto certificate of clinical competency. Thus far in the regulation of the profession in Canada, the usual practice has been to follow the experiences of the American Speech-Language-Hearing Association (ASHA), rather than to adopt procedures devised in European countries or in Canada. *The Task Force recommends that procedures be created which will suit Canada's unique needs.*

Following the process for awarding a Certificate of Clinical Competence (CCC) developed by the ASHA means essentially that a degree or equivalent is viewed as a necessary first step in the certification process. This step reflects a certain number of hours of classroom instruction and clinical practice in areas (which are deemed to form the curricular "core" of the profession), and which have variously been termed: normal speech and language development; speech and language pathology; and audiology.

As shown in Chapter II, undergraduate and graduate curricula have been devised quasi-independently of professional associations, and of other Canadian universities. This independence of development causes some confusion about the relative weight and merit of a bachelors versus a masters degree. In addition, the peculiarities of a two-tier training system create a special set of problems to be resolved if a uniform curriculum is to be established. Nonetheless, over the past 15 years curricula in Canadian universities have gradually assumed a reasonable degree of similarity, possibly as a result of at least four factors: the development of the Canadian Council of University Programmes in Speech-Language Pathology and Diagnostic-Rehabilitative Audiology; provincial attempts at professional regulation; the growth and development of provincial organizations; and the growth and development of the CSHA.

Despite the slightly eccentric nature of the Canadian training programs viz-a-viz each other, many graduates of these departments/schools have taken and passed the examination for the Certificate of Clinical

Competency (CCC) of the ASHA. The ability of graduates of Canadian university programs to achieve this Certificate indicates a not too disparate training when compared with their counterparts in the United States.

As has been shown in previous sections of this Chapter, the issues facing the CSHA as it seeks to establish a clinical competency certification program are very similar to issues which have been confronted by professional associations elsewhere in the world. Options which have been developed and used in other countries appear to devolve ultimately on three general topics: determining the knowledge base of the profession; devising methods of transmitting that knowledge base; and establishing an information level in the major areas (theoretical and practical) noted earlier that would be sufficient for entry to professional practice. This last topic is essentially the major thrust of attempts to measure clinical competency.

The options available for assessing a new practitioner's level of clinical competency are relatively limited in number and certainly constrained in scope, by financial and other considerations. On this issue, however, all professional organizations surveyed strive to assure that the public is well served.

In attempting to achieve these goals, professional associations have been confronted with the same conundrum. Although counting the number of hours of university academic and clinical instruction is the method chosen for entry to professional organization membership (eg provincial associations, CSHA) that same method may not be suitable for determining clinical competency. One example is the program for scientists who do not intend to practise. On the other hand, the chosen methods are mutually inclusive if a core curriculum is designed. If not, a mechanism for determining clinical competency devised by the profession and relatively independent of university instruction, is necessary. The mechanism developed beyond these processes for national certification must hinge upon factors such as cost, feasibility of implementation, time required for its development, and others. One method or a combination or several could be chosen.

In summary possibilities for certification beyond the basic entry level processes include: (1) developing a core curriculum for the profession; (2) accrediting university training programs; (3) developing or utilizing an independent examination; and (4) establishing a post-training supervision period or residency. Each of these have been utilized by our profession or by other health professions in Canada and elsewhere. Some would logically be completed before others (eg development of a core curriculum before establishing certification). Any or all of the components could be in the developmental stages concurrently.

The suggested format for implementation should include a certifying body separate from but affiliated with the national association. Membership in the national association should be encouraged for those

who are certified but should not be mandatory. A possible method for handling assessment of clinical competency independent of the universities and the professional association is addressed in the Addendum.

6. CONSIDERATIONS FOR IMPLEMENTATION

Once the CSHA has decided upon a method of assessing clinical competency, consideration must be given to administration of the clinical certification program. Two primary options would be open to the Association depending on the membership's desire to have separate or consolidated assessing functions. There is precedence for separating the functions performed by a professional association (in this case the Canadian Speech and Hearing Association [CSHA]) and the functions of a certifying body; cf eg the experiences of the Canadian Medical Association/Royal College of Physicians and Surgeons. Such a separation might be achieved by developing an independent institution (possible named "Canadian College of Audiologists and Speech-Language Pathologists"). Such a mechanism would demonstrate the independence of the certifying body from the professional concerns of practising audiologists and speech-language pathologists. A blueprint for such a separation program is presented in the Addendum to this Chapter.

Independence of assessing functions appears to be an ideal goal for the CSHA to consider. However for a young primarily volunteer Association it may not be immediately feasible due to financial considerations. The development of a certification program would require considerable funds. Ongoing development and administration of a college program could be funded via assessment fees/government grants etc. Fees could be established to cover administrative costs and development of programs; they should also reflect the ideal that the practice of audiology and speech-language pathology is a privilege not a right.

It is apparent that the development of a certification program and mechanisms for its administration will take at least two years. Canadian universities providing training in audiology and speech-language pathology should be given at least two years in which to adjust their programs if curricular changes are recommended by the CSHA. Thus 1988 might be viewed as the earliest reasonable goal for setting these chosen mechanisms in place. It is assumed that all currently qualified professionals (who are members of the CSHA and/or provincial associations) would be certified immediately, for a cost to be determined when all mechanisms are in place. It is urged that the implementation committee report progress regularly to the Federal/Provincial Advisory Committee on Health Manpower.

Whatever method of certification is chosen, the Task Force recommends that a Code of Ethics be established by the certifying body.

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ADDENDUM

The Mandate of this independent institution ("College") would be to develop and review (a) curricula for the clinical practice of audiology and speech-language pathology (through the interaction of the university training programs and practising professionals); and (b) a method for assuring clinical competency of individuals wishing to be certified in audiology and speech-language pathology in Canada. There could be at least two awards in the clinical certification program, with various titles reflecting specialization and/or upgrading.

- (i) A "diploma", which would be awarded after the successful completion of criteria developed by the College.
- (ii) A Fellowship which would be organized around "specialty" areas. A Fellowship would be available to those wishing to designate themselves as "experts" in a particular area of audiology and/or speech-language pathology. For example, the Fellowship might be awarded after successful completion of a specialty examination, plus at least five years of clinical experience in the clinical specialty area. Fellowships would NOT be honorific.

Representation on the College Board would be from the profession: (a) as practised in clinical service settings; and (b) as represented by university programs in audiology and speech-language pathology. Election to serve on the first College Board, would be determined by an ad hoc committee of the CSHA.

Functions of the Independent Institution. The "College" would have at least three functions: (a) the establishment of a curricula; (b) the establishment of certification methods; and (c) the administration of the certification process.

- (a) Curricula. Activities would be conducted by subcommittees of the Board representing the professions and all the university programs. The development of curricula would be a pre-requisite to establishment of criteria and would be on-going.
- (b) Certification Methods. Canada-wide competency methods would be developed and administered by subcommittees of the Board after the successful development of curricula - utilizing current specific provincial (and other) competency regulations reviewed in the Task Force Summary (see Section 5). Examiners would be both Board members, and non-Board members appointed by the Board.
- (c) Administration. This would probably be a joint operation between the Examining Board and the general administration of the Institution (College).

Relationship with the National Association. It is suggested that the activities of the College and the activities of the National Association be closely related, possibly through at least one representative of the Executive of the National Association serving as a member of the College Board. The College would be invited to report regularly to the Association both through its National Council and through its publications.

Time and Place of Assessment. Although the ultimate time and place for assessment would be determined by the Board of the College, twice yearly may be appropriate: eg first in early May to coincide with the end of the regular Canadian academic year; second in early September for those unsuccessful in May. If exams are the chosen method, the assessment sites would be a major centre of each province.

The Fellowship. As indicated earlier, the possibility of a Fellowship should be carefully considered. In Canada, a Fellowship (rather than a Doctorate) would be viewed as the ultimate clinical credential for practitioners. Fellowship examinations could be administered once a year, in clinical areas designated by the College. It is assumed that such clinical areas would have both a major interest and a supplementary interest. Fellowships would be a clear indication of the excellence of a practitioner.

The Relationship with Provinces and Licensing Schemes. Since the ultimate goal would be to have a national diploma adopted at all provincial levels, it would be essential to maintain a close liaison with the executive of each provincial association, and provincial ministry of health, education and human resources. The Task Force recommends that the certifying body's mandate should include communication with provincial associations and appropriate ministries.

CHAPTER VII: CONTINUING EDUCATION

1. DEFINITION AND OBJECTIVES

Clinical certification represents entry level qualification required of a professional to serve the communicatively impaired public independently. The certified clinician's competency is determined on the basis of credentials vis-à-vis the required knowledge base extant at the time of the review process.

Post entry level education is a separate issue.

The following is the agreed on Task Force definition of continuing education in the context of audiology and speech-language pathology professions:

Continuing education represents professionally related purposeful activities undertaken with the intention of increasing knowledge, developing and upgrading skills and/or modifying attitudes, such that the quality of services to the public is enhanced.¹

The objectives of post entry level education requirements is to demonstrate that an individual has maintained competency and currentness in her professional area by attaining new knowledge and skills (including specialization). Continuing education is the major vehicle for professionals to remain current and informed about the state of the art in which they practise.

2. MANDATORY CONTINUING EDUCATION

Continuing education becomes a contentious issue only when regulatory controls mandate that continuing education take place as a condition of maintaining a specified status. The difficulty in advocating mandatory continuing education pertains to the scarcity of data demonstrating that such activities improve clinical competency.²

In a study conducted for the Ontario Government, Trebilcock et al, investigated the necessity of mandatory continuing education in the professions of law, architecture and accounting. They concluded it is unfair and inefficient to submit members of an entire profession to an enforced system of continuing education and/or examination when in fact the overwhelming majority of the profession actively maintains its currentness. They assert that efforts should be devoted to the identification and supervision of professionals whose performance is unsatisfactory.³

The Task Force endorses the concept of quality assurance; the potential merit of continuing education to the professional community and the public is acknowledged. Measuring outcome effectiveness of continuing education is the problem. Even in the academic setting, the extent to which continuing education satisfies the needs of professionals is largely evaluated on the basis of student enrolment, (since non credit courses must generate income to offset expenses). Improved services to the public are assured but have not been substantiated.

3. EXISTING CONTINUING EDUCATION POLICIES WITHIN THE PROFESSION

Audiology and speech-language pathology professionals are not without attempts to formalize methods of participation in continuing education. In contrast to upgrading, every professional is affected by the need to continue his education.

In Canada, Manitoba's legislation governing the practice of audiology and speech-language pathology currently requires mandatory continuing education in order to maintain a license. The professional must have proof of attendance or involvement with continuing education activities. No demonstration of successful learning is required. The other provinces have a voluntary program of continuing education. The Ontario Association has a formalized system to document continuing education of professionals who volunteer to participate in its program. The CSHA does not require an individual to meet continuing education requirements to remain a member.

Quebec's Legislation does not make continuing education mandatory to retain a license to practise. However certain restrictions exist for candidates who make application for an equivalence license based on their degree earned outside Quebec.⁴ Audiologists or speech-language pathologists whose degree pre-dates their application for equivalence by five years or longer, and who have not practised continually since earning their degree may be compelled to complete specific studies, training periods or exams prior to being awarded a license.

Refer to Chapter IV of this report, "Professional Regulations In Selected Countries", for a summary of international requirements to practise the professions of audiology and speech-language pathology - including continuing education requirements in selected other countries.

ASHA's committee on continuing education has existed since 1966. The committee has recommended on numerous occasions that continuing education be a condition of maintaining certification. The membership of ASHA has rejected these motions consistently, most recently in 1983.⁵ At an ASHA sponsored National Conference of Undergraduate, Graduate and Continuing Education convened in April 1983, continuing education was among the ten issues addressed by the participants. The concept of continuing education was endorsed and participants overwhelmingly

supported continuation of voluntary continuing education - but opposed mandatory continuing education. The conference adopted this final statement on continuing education:⁶

The concept of continuing education as a conduit for emerging knowledge and the role of voluntary continuing education as a commitment to lifelong learning were strongly supported. Creative and innovative methods for acquiring continuing education were endorsed, as was the use of current technology to enhance access to continuing education opportunities. The need for a study to assess the effectiveness of continuing education was noted. Participants gave the concept of mandatory continuing education only meagre support.

ASHA has implemented a formal system which monitors an individual's continuing education activities, but the program is voluntary and not a requirement for maintaining ASHA clinical certification. ASHA's approach is to certify the quality of the educational activity offered, rather than require any demonstration of successful learning on the participant's part. It is encouraging that ASHA's program permits individualized activities and self study options to earn continuing education credits.

New Zealand's requirements for compulsory retraining for professionals returning to work in the education service after a break in service of five years or more is unique and notable. The restriction in New Zealand does not apply to professionals working in other than educational settings. (see Chapter IV)

4. UPGRADING

There are instances when formalized methods of pursuing continuing education for audiologists and speech-language pathologists must be available. Upgrading options for professionals injects flexibility into a certification process; a benefit to the professional community and consumer alike. Upgrading is accomplished by satisfying specific continuing education requirements set forth by a certified body.

The following situations can be envisioned whereby upgrading opportunities could prove invaluable in assisting the professional who;

- (a) lacks entry level credentials for certification;
- (b) possesses clinical certification, but lacks proficiency in certain skills necessary to serve the public adequately;
- (c) is an experienced clinician who undertakes continuing education activities for the purpose of achieving a recognized level of expertise in a specialty area; and
- (d) previously earned clinical certification but has not practised in the field for a specified period of time.

Omission of upgrading options from any certification process would be unjust. Indeed the livelihoods of professionals with legitimate skills, but atypical training, would suffer. Moreover it would result in restricted access to service by the communicatively impaired public. It is not appropriate for a certification process to unnecessarily limit availability of services. The public is entitled to assume the competency of a certified audiologist and speech-language pathologist and that is the predominant concern of any certifying agency.

5. SUPERVISED CLINICAL EXPERIENCE

Refinement of skills in a supervised clinical setting is an integral part of the training of audiology and speech-language pathology practitioners. Chapters II and III of this report describe the amount of supervised experience provided for students in Canadian training programs, as well as the various provincial association requirements which exist.

In certain instances a prerequisite for certification stipulates that a period of supervised clinical experience be accomplished even though an applicant's academic training is equivalent to entry level requirements. Manitoba's legislation specifies at least one year of supervised clinical work, during which time the practitioner functions with a provisional licence only. Successful completion of the provisional year allows a professional to earn a fully licenced status.

ASHA's clinical fellowship year (CFY) model had been followed by many states where licensing exists. CFY is part of the process an applicant follows to earn a Certificate of Clinical Competence (CCC) from ASHA. The CCC process reviews an applicant's academic credentials, supervised clinical work experience and performance on a written examination. The procedure as a measure of clinical competence enjoys much face validity. ASHA is currently evaluating the process (collectively and its separate components) for the purpose of documenting its true merit.⁷

The supervised clinical training component of a student's university program, and any requirements for a supervised clinical work experience prior to certification which applies to all applicants, are considered to be preparation for entry level qualification and not related to continuing education.

Upgrading requirements which specify a compulsory period of supervised clinical experience are appropriately considered to be in the domain of continuing education. Such instances are considered to be exceptional, rather than the routine requirements placed upon all applicants.

6. SUMMARY

The crucial issue is not whether continuing education activities should be advocated for audiologists and speech-language pathologists. In fact, these on-going activities are characteristic of the profession, with increasing momentum such that supply remains short of demand. Voluntary continuing education activities will continue to be common among audiologists and speech-language pathologists because it is the nature of university educated professionals to question, evaluate and expand the body of knowledge available.

To what extent continuing education can be justified as a compulsory requirement for certification is the central issue which a certification agency must resolve.

7. RECOMMENDATIONS

The Task Force recommends that the Canada-wide certification process for audiologists and speech-language pathologists:

1. *acknowledge the potential merit of continuing education to enhance the knowledge and skills of audiologists and speech-language pathologists and the intended improvement in quality of services to the communicatively impaired public;*
2. *endorse a policy of voluntary continuing education for certified clinicians;*
3. *include upgrading opportunities for professionals lacking entry level certification requirements but possessing skills beneficial to the communicatively impaired public;*
4. *review routinely the need for and feasibility of modifying policy related to continuing education for audiologists and speech-language pathologists;*

AND FURTHER THAT

5. *the CSHA consider initiating a procedure to monitor annually the employment status of each CSHA member in order to identify professionals not practising;*
6. *applicants for upgrading complete specified compulsory continuing education and subsequently be evaluated.*

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APPENDICES

APPENDIX A

DESCRIPTION OF UNIVERSITY PROGRAMS

1. DEPARTMENT OF SPEECH PATHOLOGY AND AUDIOLOGY, FACULTY OF REHABILITATION MEDICINE, UNIVERSITY OF ALBERTA

A. BACKGROUND

The Department

The Department of Speech Pathology and Audiology offers a Bachelor of Science in Speech-Language Pathology. Students require a pre-professional year prior to admission to a three year specialized program.

In 1969 the Department accepted its initial class into an integrated 4 year undergraduate program. Over the past one and one-half decades the program has developed to over 100 students annually with 9 full-time staff positions. In 1982 a masters degree program in speech-language pathology received final approval by the Alberta Department of Advanced Education; implementation is awaiting funding.

Academic staff, who aspire to high quality in research and teaching, publish in leading academic and professional journals throughout the world.

The Faculty

The Faculty of Rehabilitation Medicine was founded as the School of Physiotherapy in 1954, to be joined by Occupational Therapy in 1960 and by Speech Pathology and Audiology in 1969. The Faculty has a current enrolment in excess of 350 undergraduate and graduate students. Faculty size is 26 fulltime positions, of which 22 currently are filled by permanent staff. Faculty members are involved in teaching and research as well as professional, clinical, and other community activities.

The University

The University of Alberta is the major university in the Province of Alberta, with more than 2300 full-time students in attendance. Programs at the University related to Rehabilitation Medicine include medicine, dentistry, pharmacy, education, nursing, and various branches of arts and sciences such as linguistics and psychology.

Computing facilities are excellent and include an Amdahl 580/5860 with 32 million bytes of main memory and an extended file facility. The University has over 1600 terminals operating under MTS.

B. TRAINING

During the pre-professional year, students complete a minimum of 10 half-courses including a course in normal language development, a survey of communication disorders, and a full-year introductory psychology course. The specialized program within the Department includes coursework in human behaviour; learning principles; normal processes of speech, hearing, and language; factors and conditions which cause and perpetuate disorders of speech, hearing and language; and theoretical and methodological considerations in the rehabilitation of communicative disorders in children and adults. Practical experience in evaluation and treatment is received under direct supervision in a variety of community facilities. During the summer following their second year in the Department, students spend 10 weeks in a clinical placement in Canada and/or United States.

C. STAFF AND STUDENTS

Nine full-time staff members specialize individually in voice, stuttering, motor speech disorders, articulation, language disorders, supervision, and aural (re)habilitation. The Department has an approved quota of 37 students in each year of the undergraduate program; currently 34 students are admitted annually due to budget restrictions.

D. PHILOSOPHY

The Department produces speech-language pathologists who diagnose and treat communication disorders in clinics, hospitals and school settings. At the University of Alberta, professional training is offered within the realistic context of a liberal education. A balance is sought between specialized disorder courses, basic courses in normal and disordered human communication, and those of individual interest. Graduates are encouraged to continue their professional growth through continuing education, graduate programs and clinical experience.

E. FUTURE PLANS

A graduate program, M Sc in speech-language pathology, has been approved and will be implemented upon receipt of funding. A graduate program in audiology is being planned.

F. ADDRESS FOR MORE INFORMATION

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2. SCHOOL OF AUDIOLOGY AND SPEECH SCIENCES, FACULTY OF MEDICINE, UNIVERSITY OF BRITISH COLUMBIA

A. BACKGROUND

The UBC M Sc program started in 1969 as a Division in the Department of Paediatrics, thanks to a grant from the Kinsmen Rehabilitation Foundation of BC. After 11 years of soft money funding, it was established in 1980 as a separate School, within the Faculty of Medicine. In 1983, its Ph D program was approved by the University and its first Ph D candidate was accepted in 1984.

B. TRAINING

Applicants should have a 4 year bachelors degree (and a GPA of 73% or better in the last two years) with a major in linguistics, or psychology, and a minor in the other field. They also should have taken first-year science courses in calculus, physics, and biology.

The 2 year program for the masters degree runs from September through May of the second year (or longer if a student elects to write a thesis). This period of time includes all of the basic academic and clinical coursework. The academic coursework includes courses in acoustic and experimental phonetics, speech production and perception, developmental phonology and acquisition of language, neuroanatomy, physiology of the hearing system and psychoacoustics, neurolinguistics. Clinical coursework includes courses in audiology and in speech-language pathology, preparing students for their clinical training, which consists of the following: (a) 4 months of supervised externships during the summer between first and second year, (b) a twice weekly (full days) externship during the fall term of the second year, and (c) 6 to 7 weeks of full-time externship during the spring term of the second year immediately prior to graduation.

The objective of clinical training is to develop in each student the ability to use a scientific approach in a clinical context by: (a) acquiring pertinent data, (b) analysing and interpreting data, (c) identifying and defining problems, and (d) identifying and implementing methods of problem treatment.

The program provides each student with at least 300 hours of clinical experience in a variety of settings. The first year of the program includes individual and group observations of local audiologists and speech-language pathologists in the Lower Mainland. These observations serve to acquaint the student with different settings in which an audiologist or a speech-language pathologist may work. They also introduce the student to a variety of diagnostic and treatment techniques. In the summer between first and second year, each student completes three different six-week supervised clinical externships, with

at least one externship in audiology and one in speech-language pathology; the third externship is determined by the student's major area of interest. During each clinical externship the student gradually assumes responsibility for most of the clients seen in the 40 hour work week.

In the second year, the student chooses either audiology or speech-language pathology as a major. Over the 2 terms, the student completes the equivalent of 48 work days in externships, divided between at least 2 different clinical settings. During these externships, the student assumes a full caseload under clinical supervision. The clinical training program strives to provide students with experience in all aspects of their selected major.

During the 2 years of graduate training, a student receives over 750 hours of didactic instruction, over 750 hours of clinical instruction/experience, plus an unknown but substantial number of hours of contact with academic faculty for purposes of theses or graduating essays.

Externship placements include hospitals, clinics, health units, schools, government and private agencies, as well as other settings using audiologists and speech-language pathologists. The degrees offered are the M Sc and the Ph D in audiology and speech sciences.

Graduates of the School have recently been approved for membership in the College of Speech Therapists (UK).

C. FACULTY AND STUDENTS

Specialization for M Sc students (for their second year of study) are audiology and speech-language pathology. For the Ph D the areas of specialization offered are: speech production, speech perception, neurolinguistics, language acquisition, and psychoacoustics.

The School, which has 6 faculty members, accepts approximately 15 to 20 students every year. It graduated 120 students between 1970 and 1984, approximately one third audiologists and two thirds speech-language pathologists. Presently, it graduates 15 students in an average year.

D. PHILOSOPHY

The objective of the School of Audiology and Speech Sciences is to train clinical audiologists and speech-language pathologists. The School holds to the philosophy that the scientific and professional field of audiology and speech-language pathology is primarily concerned with the understanding and use of language. This involves the various levels of physiological and psychological organization of language: phonetic, phonological, syntactic, semantic, and pragmatic, and both vocal and

sign modalities. The School requires that its graduates be familiar with current research on speech, language, and hearing, and demonstrate clinical competence. The School maintains that an understanding of the theories and applications of linguistic knowledge, supported by primary information in acoustics, physiology, perception and cognition (i.e. information derived chiefly from social and behavioural sciences) provides a firm base from which the student can build outwards to some more specialized area of his/her chosen professional field.

E. FUTURE PLANS

Future plans include:

- (i) continuing to raise funds for graduate student support and for an endowed chair in audiology and speech sciences;
- (ii) developing further the pre- and postdoctoral programs;
- (iii) developing further the continuing education program for practising professionals;
- (iv) expanding the series of invited lecturers;
- (v) examining ways of providing an interdisciplinary program for the development of management skills.

F. ADDRESS FOR MORE INFORMATION

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3. THE SCHOOL OF HUMAN COMMUNICATION DISORDERS, DALHOUSIE UNIVERSITY

A. BACKGROUND

The School of Human Communication Disorders at Dalhousie University was developed in 1976 with the primary mission to produce professionals at the masters level in speech-language pathology and audiology to fill a recognized manpower shortage in Atlantic Canada. The School adopted a working model, consisting of a 2-year academic curriculum complemented by a strong clinical training program.

B. TRAINING

Students pursuing the Master of Science degree must successfully complete a 12 credit curriculum. Degree requirements are fulfilled by

completing 20 half courses (60 credit hours) and the successful completion of supervised clinical practicum, which includes approximately 300 clock hours of direct patient contact.

The content of the curriculum is based on a broad foundation of "core" coursework for all students in normal processes and basic sciences associated with human communication. The progression of the program has been designed in a sequential manner such that an introduction to normal process theory is prerequisite to the study of pathology and clinical practice.

While the format of most coursework consists of lecture and discussion several classes include directed laboratory experience or detailed clinical components. An extensive videotape library is used to supplement discussion and augment material not necessarily found in textbooks.

Throughout the two-year period, students are exposed to the broad spectrum of human communication disorders at clinic, school and hospital facilities. Students receive direct supervision from both academic and clinical faculty. The process is intended to be "active" in that supervisors share ongoing information throughout practicum and promote a mutual problem-solving environment. The clinical practicum functions on a continuum, being more highly directed in the initial exposure to patient management and becoming non-directive in the final practicum experience. Ultimately, the students are expected to demonstrate independence in all aspects of clinical process. A system of "contracting" was initiated in the fall of 1983 in which both the student and supervisor have the opportunity to define mutual expectations and goals for the term. Along with the standard criteria expected of all students and supervisors in each term, the contract forms the basis for self-evaluation and individualized achievement.

Faculty update the curriculum periodically with a view towards maintaining fundamental content areas and exposing students to a critical review of changes in the literature. Specialty "trends" are considered more appropriately placed in the continuing education stream which is projected for development in the near future.

C. STAFF AND STUDENTS

The School has 6 full-time teaching positions (excluding the director), 2 part-time clinical coordinators (one in speech-language pathology, one in audiology), and several part-time faculty members. All practicum supervisors hold honorary faculty appointments at the School and occasionally present guest lectures related to clinical coursework.

Each year, the School accepts 20 students, fourteen of whom are in speech-language pathology and six in audiology. Over the last 8 years, 89 students have graduated in speech-language pathology and 38 in audiology.

D. PHILOSOPHY

Current philosophical objectives are to:

- (a) provide a strong, well rounded base for learning,
- (b) develop the concept of co-workers between faculty and students within clinical and research domains,
- (c) reinforce self-responsibility for ongoing education, and
- (d) strive for academic knowledge, technical expertise in research and clinical endeavors and interpersonal growth.

Our current operational objective is to prepare competent masters level professionals for the practice of speech-language pathology and audiology. These competencies include:

- (a) the application of scientific methods in studying normal and clinical populations,
- (b) utilization of analytic thinking and independent problem-solving in clinical management,
- (c) the ability to assume professional responsibilities related to the development of existing services, and
- (d) the implementation of new clinical programs in accordance with community needs.

E. FUTURE PLANS

The School is currently updating its basic speech and hearing laboratories as well as adding equipment to reflect technological changes in the field. Students will have the opportunity to participate more fully in ongoing faculty research, augment their understanding of theoretical concepts, and develop a "hands-on" approach to instrumentation used in research and clinical practice. They will have more open access to computer facilities and software programs.

The audiology clinical and research laboratory includes 2 fully equipped sound suites which feature the instrumentation capabilities for auditory evoked electrophysiological measurements and computer assisted electroacoustical selection procedures.

The speech-language clinical and research laboratory has 3 main components: (a) speech physiology, (b) speech acoustics and perception, and (c) linguistic analysis.

The first objective in the near future is to further develop the disciplines of speech-language pathology and audiology as well as the most effective and updated service components in those disciplines. Our clinical affiliates, primarily the Nova Scotia Hearing and Speech Clinic, will continue to be instrumental in contributing to this latter goal.

A second objective in the near future is the development of a program of continuing education. This need has long been recognized by practitioners in our field. Coursework may include updated information for working professionals, specialized skills, administrative training, and interdisciplinary management. Networking across Canadian programs could be explored to provide greater opportunity for working professionals to share information and viewpoints.

Changes in the clinical practicum timetable will also begin with the 1984-85 class. There will be two extensive summer practicum periods following the first and second academic years. In the first summer placement, students will have "internships" in the greater Halifax area. During the second summer placement, students will have external placements which may be within or outside of Atlantic Canada.

We plan to maintain excellence in our clinical program and build a greater research orientation at the masters level. Overall, we feel that our program has the potential to develop leadership qualities in our students necessary for advancement of the profession in Canada. In cooperation with other schools throughout Canada, we hope to increase our collective presence at municipal, provincial and national levels. We are confident that along with our colleagues in Canada, and ongoing technological advances in our field, we have the opportunity in the next decade to greatly advance the clinical and research components of our profession. We look forward to the future with enthusiasm in working toward these goals.

F. ADDRESS FOR MORE INFORMATION

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Halifax, Nova Scotia B3H 1R2

4. SCHOOL OF HUMAN COMMUNICATION DISORDERS, MCGILL UNIVERSITY

A. BACKGROUND

The School, which began its operation in September, 1963, has had a 2-year professional program leading to a MSc (Applied) degree in Human Communication Disorders. For the first few years this provided

joint qualification in audiology and speech-language pathology. Since 1971 students have been required to choose specialization within one or the other area. In 1976 a third specialization, Auditory-Oral Rehabilitation and Education of Hearing-Impaired Children (AOR) was added. The School also offers two research degrees, MSc and PhD. The first PhD was granted in 1966.

In addition to this academic program, the School's faculty is involved in research and scholarly activities funded through substantial research grants. Since the School's inception, the faculty has published over 200 articles in reputable scientific journals. The School also runs 2 small clinics where students are given specialized training not readily available elsewhere in Montreal.

B. PHILOSOPHY

The School attempts to provide a balance between theory and practice. The student is prepared to work in a constantly changing profession and, at the same time, to meet the immediate needs of professional practice. The programs emphasize basic sciences, the understanding of fundamental principles and their present and potential clinical applications rather than the teaching of specific diagnostic therapy or educational techniques.

C. FACULTY

The faculty includes 5 full-time members with professorial rank and one lecturer. Among the part-time staff, there are five assistant professors, 11 lecturers and 52 professional associates (clinical supervisors). Within the research division there are 2 research associates and several research assistants.

D. STUDENTS

There are at any one time approximately 40 students in the 2 year professional program and 3 to 4 students in the research program. Each year 8 students are admitted in Speech-Language Pathology, 6 in Audiology and 6 in the AOR program. Approximately 16 to 20 students graduate each year.

E. ADMISSION REQUIREMENTS

Applicants must have an undergraduate degree with a B average (3.0 on a 4.0 point scale) or better. Students who are admitted usually have a grade point average better than 3.4. Specific prerequisites are 6 credits in statistics and 18 in psychology. A knowledge of

physiology, phonetics, linguistics and other social sciences is desirable. For those wishing to specialize in audiology some psychology credits may be replaced by credits in mathematics, physics and electronics. Applicants having undergraduate degrees in audiology or speech pathology cannot be integrated into this program.

For the AOR program the prerequisites include a course in statistics, and 9 credits in psychology. The applicant must have a teaching diploma or degree.

F. TRAINING

The three professional programs involve 2 academic years of full-time study and related practical work, followed by a summer internship.

The academic year is divided into 4 7-week quarters. A course is divided into several topics taught by different instructors. A given topic is usually covered in one or 2 quarters (1.5 to 3.0 semester credits).

In the first year a core curriculum is followed which is common for the three professional areas. In the second year students specialize in their major area and also do an independent project, usually a research project but may be a clinical study.

Clinical training includes observations and supervised clinical practicum, (1 to 1½ days per week during the school year) and a 3 month internship at the end of the second year. The practicums are done in a variety of settings which include hospital clinics and rehabilitation centres, convalescent homes, public schools and special schools. In order to provide variety and more complete training, students are encouraged to do their internship outside Montreal in clinics elsewhere in Canada and the United States.

G. ADDRESS FOR MORE INFORMATION

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5. ÉCOLE D'ORTHOPHONIE ET D'AUDIOLOGIE, FACULTÉ DE MÉDECINE, UNIVERSITÉ DE MONTRÉAL

A. BACKGROUND

The program of education in speech-language pathology and audiology of the Université de Montréal was created in 1956 by a physiatrist,

Doctor Gustave Gingras, as part of the School of Rehabilitation of the Faculty of Medicine. The School was divided into three sections: physiotherapy, occupational therapy, and speech pathology and audiology. The person in charge of the Section d'orthophonie et d'audiologie was Madame Germaine Huot, who held a masters degree in speech pathology and audiology from Northwestern University, and was the only professor on campus -- the remaining professorial staff were largely from the departments of medicine and linguistics, and infrequently were French speaking clinicians (part-time lecturers) trained mainly in England or in the United States.

At that time, the study program led to a masters degree (MA). Admitted students had completed a general baccalaureate degree of a 2 year duration, followed by a 4 month internship. The student population varied from 5 to 10. The curriculum was laden with courses taken in the faculty of medicine (anatomy, physiology, pathology, etc.) along with a few courses in phonetics and general psychology. The emphasis was on speech pathology (2 courses were offered in audiology). The practicum was done in hospitals affiliated with the University of Montreal and McGill University.

In 1969, following dramatic changes in the educational system of the province of Québec (for elementary, secondary and college education), a new baccalaureate degree program specializing in speech pathology and audiology came into effect, together with a modified masters program. These programs offered combined training in audiology and speech pathology. From 1978 to 1983, a series of curriculum changes were adopted, gradually increasing specialization in audiology or speech pathology at the undergraduate and graduate levels.

B. TRAINING

The School offers a baccalaureate program of 102 credits with 2 orientations, one in audiology and one in speech pathology. It also offers a professional masters program with 2 options, one with a thesis and one with directed studies (travail dirigé), and a possibility for an orientation in audiology or in speech pathology. The labelling of the degrees still indicates a combined training although the extent of the division leads to a specialization at both the undergraduate and graduate levels. Doctoral candidates are admitted through the PhD Program of Clinical Sciences of the Faculty of Medicine.

(a) The Baccalaureate Program

The 3-year baccalaureate program includes coursework in the fundamental disciplines, as well as the basic courses in audiology and speech pathology and a practicum that extends over the 3 years but is done mainly in the third year. The first year, devoted mostly to fundamental disciplines, consists of introductory courses in speech pathology and audiology and one basic course in audiology. Students choose their

orientation at the beginning of the second year. Approximately one third of the coursework of the second year is still in fundamental disciplines, the remaining credits pertaining to professional areas. The third year comprises courses on intervention methods and a practicum in different settings (hospitals and schools) one day a week.

(b) The Masters Program

The Masters Program of a full academic year comprises coursework in the fall and winter semesters, the summer semester being used for a practicum of one month and the completion of the directed studies or the thesis.

- Program without a thesis (with directed studies) (45 credits)

The structure of this program is the following:

- 12 credits for directed studies (8 credits in major area)
- 12 credits for clinical training (4 units of 3 credits each)
- 21 credits for coursework (at least 3 credits in minor area and 6 mandatory credits)

- Program with a thesis (47 credits)

- 20 credits assigned to the thesis
- 12 credits for clinical training
- 15 credits for coursework (6 mandatory credits - no obligation for 3 credits in minor area)

Because the basic coursework is completed for the most part at the undergraduate level, the Masters Program offers a possibility for certain profiles in each of the two orientations. Through coursework, practicum and directed studies, students can choose to increase their knowledge and skills for intervention with different populations, in different settings or to develop special skills in certain types of services (counselling, group approach, prevention approach, planning of services, etc.) or to acquire further knowledge in basic and related disciplines (by taking some courses in other departments). Research is provided through a research seminar and a project (thesis or directed studies).

(c) Practicum

The program provides clinical training at all levels. In the first year of the baccalaureate program, a brief immersion in a hospital or school setting is offered. In the second year, students observe persons with communication disorders and begin to apply certain methods of intervention. In the third year, students practise methods of assessment and rehabilitation in different settings with a diversity of populations

(one day a week). At the masters level, two days a week are spent in a practicum which includes training in direct and indirect methods of intervention.

The program requires that students in the speech pathology orientation do a practicum in both the clinical and the school setting. Students in the audiology orientation do a practicum in a clinic as well as in a community health department.

C. STAFF AND STUDENTS

<u>Faculty Members</u>		<u>Specialization</u>
6		Speech / Language Pathology
1		Psychology / Psycho-acoustics
1		Speech / Language / Pathology
		Neurological Sciences
3		Audiology
<u>Students</u>		
10		Audiology
25		Speech-Language Pathology
8	Average Number Graduates:	Audiology
23		Speech-Language Pathology

D. PHILOSOPHY OF THE PROGRAM

The École d'orthophonie et d'audiologie is devoted to the education of speech-language pathologists and audiologists, to research in speech, language and hearing disorders that affect these systems, and to relevant community outreach services.

The program aims at developing in the student a sense of autonomy and professional responsibility, and a scientific approach to the study and management of disorders of communication. Such qualities are deemed essential to the planning, programming, implementation and evaluation of professional activities in prevention, diagnosis and rehabilitation.

E. COMMENTS AND FUTURE PLANS

Being the only centre offering a program of graduate studies in French in speech-language pathology and audiology, the School occupies a unique position in Canada. It has a great responsibility to develop knowledge relative to the communicatively disordered population whose special needs its graduates must serve. As well, it is committed to

adapting and creating intervention approaches suited to Québec's needs. Therefore, future plans focus on recruiting human resources skilled in research. The School is also planning to restructure its clinical training program to better emphasize the integration of basic as well as professional education and the needs of clinical supervisors.

F. ADDRESS FOR MORE INFORMATION

Louise Coderre, MA, Directrice, École d'orthophonie et d'audiologie, Université de Montréal, 2375, côte Ste-Catherine, Montréal, (Québec), H3T 1A8

6. GRADUATE DEPARTMENT OF SPEECH PATHOLOGY, UNIVERSITY OF TORONTO

A. BACKGROUND

A 2-year post-baccalaureate program leading to the Diploma in Speech Pathology (DSPA/DSP) was established at the University of Toronto within the Faculty of Medicine in 1958 and evolved into the Master of Health Science degree program which began in 1978.

B. TRAINING

Students accepted into the 2-year MHSc program in speech pathology must have completed a 4-year undergraduate degree including 4 pre-requisite courses: statistics, human physiology, developmental psychology, and psychology of learning.

The University of Toronto is exceptionally rich in the number and variety of its resources for clinical education. Through affiliation with a wide range of hospital and community-based service centres, the University offers students a wide range of exposure to current Canadian service delivery models. Few university centres in North America provide a richer clinical education. Each student receives individual clinical education from a range of professionals within and outside the core department. Clinical education within the Department allows for specialized in-depth case study while centre-based education trains the student for working to the dynamic standards required within speech pathology services today.

C. STAFF AND STUDENTS

The 7 full-time faculty provide teaching in their specialty areas: linguistics, speech science, stuttering, voice disorders, neurogenic disorders, childhood language disorders, and aural rehabilitation. Sixteen part-time academic faculty from related disciplines (anatomy, audiology, dental and facial sciences, neuroanatomy, neurophysiology, otolaryngology, psychiatry and surgery) and 19 university-appointed clinical educators provide teaching within the program.

Approximately 40 graduate students are enrolled in the 2-year program at any time. The maximum number of graduates annually is 20.

D. PHILOSOPHY OF THE MHSc PROGRAM

The program provides education for entry into the profession at the academic level most widely accepted as appropriate in North America today. The program accepts professionally motivated individuals from a wide variety of disciplines, since it is believed that the profession gains through the influx of perspectives from other disciplines.

The major aim of the program is to prepare competent clinicians in speech pathology, able to assume professional responsibilities in a variety of settings. These responsibilities include diagnosis and management of various types of communication disorders, further development of existing services, implementation of new ones in accordance with community needs, and initiation and development of research programs. The program provides a broad spectrum of knowledge and encourages the development of a critical and innovative approach. This is important, in order to ensure that procedures are effective and cost-effective.

E. FUTURE PLANS

- (1) Inauguration of the John Fisher Voice Research Laboratory within the Graduate Department of Speech Pathology.
- (2) Development of a more comprehensive method for structuring clinical experiences, bringing increased accountability and focus to the clinical education components of the program via collaboration between core faculty and clinical educators.
- (3) Recruitment of outstanding masters graduates for research degrees through the Institute of Medical Sciences.

F. ADDRESS FOR MORE INFORMATION

Coordinator of Graduate Studies, Graduate Department of Speech Pathology, Faculty of Medicine, University of Toronto, 88 College Street, Toronto, Ontario, M5G 1L4

7. THE DEPARTMENT OF COMMUNICATIVE DISORDERS, THE UNIVERSITY OF WESTERN ONTARIO

A. BACKGROUND

The Department of Communicative Disorders began in 1970, under the auspices of the Faculty of Medicine, with 6 undergraduate students. In 1974 it added a graduate program and by 1980 its student population reached 75 undergraduates and 40 graduates. In 1982 the Department moved to enlarged facilities in Elborn College, with clinic, administrative offices, teaching and research areas. Currently the total graduate student enrolment is approximately 60; and undergraduate is 90. In 1984 the Department of Communicative Disorders along with the Departments of Physical Therapy and Occupational Therapy, became the nucleus of the newly formed Faculty of Applied Health Sciences. Dr. Daniel Ling is this new Faculty's first Dean.

B. TRAINING

The Department offers an undergraduate degree (BSc [CD]) and two graduate degrees (MSc and MCLSc).

Undergraduate (BSc [CD])

Thirty students are accepted each year. The bachelors degree program is 3 years following at least one year of general university studies.

The curriculum offers a wide range of study including courses in anatomy, psychology, and all areas of speech-language pathology and audiology. Clinical experience includes supervised practicum hours obtained in the UWO Speech and Hearing Clinic as well as one 12-week externship done after completion of all coursework. Students graduating with the BSc [CD] degree will have obtained approximately 275 hours of supervised clinic practicum.

Graduate (MSc or MCLSc)

Students in either of the graduate degree programs (2 or 3 years) may major in speech-language pathology or audiology.

Two year program: Students who hold the BSc [CD] (or equivalent) can complete the requirements for the masters degree in approximately 2 years. Those with an undergraduate degree from a university other than UWO may be required to take make-up courses.

Three year program: The first year for students in this program (i.e., those without the equivalent of a BSc [CD]) consists of a preparatory year of two terms of undergraduate coursework (Fall and

Winter). Successful students are then eligible for admission to the Masters program and are required to take a graduate clinical practicum course during the third term of their preparatory year.

As an ongoing clinical experience students obtain clinic practicum hours during each term by completing supervised practicum courses at the UWO Speech and Hearing Clinic, as well as at outside facilities. Graduate practicum also includes at least one 12-week summer placement. Students graduating with either of the masters degrees will have obtained a minimum of 300 hours of supervised clinic practicum.

MSc or MCISc

The MCISc degree program is designed to educate clinical personnel while the major emphasis of the MSc program is placed on research. Graduates of both programs meet the registration/certification requirements of OSHA, CSHA and ASHA.

C. FACILITIES AND FACULTY

The Department's academic and research facilities include 3 classrooms as well as numerous laboratories with equipment for teaching and/or research in all areas of speech-language pathology and audiology. The 14 full-time teaching/clinical faculty members offer diverse backgrounds and a variety of professional interests which are available to each CD student.

Academic and research areas in audiology include psychoacoustics, pediatric audiology, electrophysiological testing, central audition, aural (re)habilitation, auditory evoked response, noise effects on hearing and speech perception. Speech-language pathology areas include childhood language and language disorders in children and adults, disfluency in children and adults, phonological disorders, learning disabilities, nonverbal communication, aphasia, dyspraxia, dysarthria, voice and resonance disorders and speech science. Clinic instruction is given in all areas including diagnostic evaluation, therapy preparation and delivery, and parent training.

D. EMPLOYMENT OPPORTUNITIES

Audiologists and speech-language pathologists graduating from UWO'S program are employed by clinical service centres (such as medical or vocational rehabilitation centres), speech and hearing centres, school systems, residential schools for children with special handicaps, and treatment and rehabilitative hospitals.

Currently there is a shortage of speech pathology and audiology services as well as qualified personnel. Since northern Ontario and other remote areas are affected by these shortages, the Ministry of

Health and the Ministry of Community and Social Services offer bursaries to graduate students in exchange for services in Northern Ontario after graduation.

E. ADDRESS FOR MORE INFORMATION

Mrs. Grace M. Turner, Administrative Assistant, Department of Communicative Disorders, Room 1420, Elborn College, The University of Western Ontario, London, Ontario N6G 1H1,

A P P E N D I X B

MEMBERSHIP REQUIREMENTS OF PROVINCIAL AND NATIONAL SPEECH AND HEARING ASSOCIATIONS

BRITISH COLUMBIA ASSOCIATION OF AUDIOLOGISTS AND SPEECH PATHOLOGISTS

. Academic Requirements

18 SH* in Basic Area - courses that provide fundamental information applicable to the normal development and use of speech, hearing and language.

42 SH in Professional and Related Areas - courses that provide information about and training in the management of speech, hearing and language disorders and that provide information supplementary to these fields. Of these 42 SH: minimum of 24 in the major professional area (not including credit for thesis or dissertation); minimum of 6 in minor area; and maximum of 6 in courses providing academic credit for clinical practice.

Total of 60 SH

. Documentation

Certified transcripts or other verification of qualification.

SPEECH AND HEARING ASSOCIATION OF ALBERTA

. Academic Requirements

All individuals must comply with the 1974 CSHA requirements and those of the SHAA Executive Council. (see p C-1)

. Clinical Practicum Requirements

Minimum of 300 supervised clinical hours. Quality and content of such hours subject to approval of the SHAA Membership Committee.

. Documentation

All applications ... "shall be completed in such form as prescribed and approved by the Executive Council and attaching such certificates and diplomas as required."

* SH = Semester Hours

SASKATCHEWAN SPEECH AND HEARING ASSOCIATION

Any person who has reached the age of majority as defined by the law of the province of Saskatchewan and provides satisfactory evidence of good character may be admitted to the membership of the Association provided that:

(a) In the case of the speech pathologist, he has completed:

. Academic Requirements

18 SH or the equivalent* in courses that provide fundamental information applicable to normal development in the use of speech, hearing and language.

42 SH or the equivalent in courses that provide information about and training in the management of speech, hearing and language disorders and that provide information supplementary to these. No more than 6 of these semester hours may be in courses that provide the academic credit for clinical practicum. Of these 42 hours, at least 24 not including credits for a thesis or dissertation must be in courses in the field of speech pathology.

. Clinical Practicum Requirements

A minimum of 300 actual hours of supervised clinical practicum in direct assessment and remediation of communication disorders. This practicum requirement must be met during the period of academic preparation.

(b) In the case of the audiologist, he has completed:

. Academic Requirements

A masters degree or equivalent with specialization in audiology from a recognized university.

. Clinical Practicum Requirements

A minimum of 300 actual hours of supervised clinical practicum in diagnostic audiology and rehabilitative audiology during the period of academic preparation.

. Documentation

Certified transcripts and verification of clinical practicum.

* Standard course hour equivalencies: 6 semester hours equal one full class which equals 9 quarter hours which equals 80 clock hours of class time.

MANITOBA SPEECH AND HEARING ASSOCIATION

A licence in speech pathology and/or audiology. (see Appendix C)

ONTARIO SPEECH AND HEARING ASSOCIATION

Possession of any terminal degree in speech pathology and/or audiology.

. Documentation

Applicants must present documentation demonstrating completion of the academic and clinical practicum experience for a terminal degree.

LA CORPORATION PROFESSIONNELLE DES ORTHOPHONISTES ET AUDIOLOGISTES DU QUEBEC

Membership is granted to those who hold a masters degree from a Québec university, or an equivalent masters degree in speech pathology and audiology from a Canadian university. In other cases, candidates are granted an equivalence if they have received a university degree comprising the equivalent of at least 125 credits distributed as follows:

- | | |
|---------------------------------|--|
| Min 35 cr
in basic
areas | (a) at least 15 but no more than 20 credits in subjects dealing with human anatomy and physiology |
| | (b) 20-30 credits in psychology, linguistics, research methods |
| Min 70 cr
in profess
area | (c) 50-65 credits in subjects directly related to professional training in speech therapy and audiology |
| | (d) at least 20 but no more than 30 credits in subjects or research related to the practice of speech therapy and audiology. |
| | (e) Min 15 cr in clinical practicum |
| | (f) 15-35 credits for clinical training |

. Documentation

Photocopies of the degree and transcripts. Successful completion of exam of Office de la langue française. Written proof of practicum.

PRINCE EDWARD ISLAND SPEECH AND HEARING ASSOCIATION

Same as CSHA 1974 requirements.

. Academic

18 SH in Basic Areas - courses that provide information applicable to the normal development and use of speech, language and hearing.

42 SH in Professional and Related Areas - courses that provide information about and training in the management of speech, hearing and language disorders and that provide information supplementary to these fields. Of these 42 SH: minimum of 24 in major professional area (not including credit for thesis or dissertation); minimum of 6 must be in minor area; and maximum of 6 may be in courses that provide academic credit.

Total of 60 SH

. Documentation

Applicants must forward an approved application form.

NEW BRUNSWICK SPEECH AND HEARING ASSOCIATION

. Academic Requirements

18 SH in Basic Area - courses that provide fundamental information applicable to the normal development and use of speech, hearing and language.

42 SH in Professional and Related Areas - courses that provide information about and training in the management of speech, hearing and language disorders and that provide information supplementary to these fields. Of these 42 SH: minimum of 24 must be in the major professional area (not including credit for thesis or dissertation); minimum of 6 in minor area; and maximum of 6 may be in courses that provide academic credit for clinical practice.

Total of 60 SH plus 200 hours of direct clinical contact

. Documentation

Applicants who are members of CSHA or ASHA can submit a copy of their membership card. Applicants who do not hold membership in either of the above associations must submit transcripts.

SPEECH AND HEARING ASSOCIATION OF NOVA SCOTIA

Possession of a Canadian terminal degree or equivalent. Minimum equivalent requirements are 18 semester hours in the "basic area", 24 semester hours in the "major" professional area and 6 semester hours in the "minor" professional area. A total of 60 semester hours is required.

NEWFOUNDLAND SPEECH AND HEARING ASSOCIATION

Possession of a Canadian terminal degree or equivalent. Minimum equivalent requirements are 18 semester hours in the "basic area", 24 semester hours in the "major" professional area and 6 semester hours in the "minor" professional area. A total of 60 semester hours is required.

In addition, Newfoundland requires 300 hours of direct clinical contact.

CANADIAN SPEECH AND HEARING ASSOCIATION

Membership is available to all graduates of Canadian University programs in speech-language pathology and/or audiology. Applicants from non-Canadian programs are evaluated for equivalency by the Membership Committee.

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Masters degree with major emphasis in speech pathology, audiology, or speech and hearing science; or

Masters degree or equivalent and evidence of active research, interest, and performance in the field of human communication.

A P P E N D I X C

REGULATIONS FOR REGISTRATION/LICENCING/CERTIFICATION BY PROVINCIAL GOVERNMENTS AND PROFESSIONAL ASSOCIATIONS

BRITISH COLUMBIA

No system of regulation currently exists although licencing has been pursued for several years.

The BC government was considering umbrella legislation for health professions in 1981. BCAASP responded by allying itself with three of the professional groups being considered for such legislation (BC Dieticians and Nutritionists, BC Society of Occupational Therapists, Canadian Association of Public Health Inspectors BC branch) in order to act as a resource to government and have input into the formulation of legislation. This group is called the BC Health Professionals Legislative Committee. The Committee recently prepared a draft act which was based on the Alberta Act and intends to present it to government as a model for discussion.

ALBERTA

A draft proposal for non-statutory registration was prepared in 1982.

Registration is defined as "a process by which an individual is evaluated as having met standards of professional preparation required for the clinical practice of speech pathology and/or audiology". With non-statutory registration recourse is to the registering body; no legal controls are involved.

Minimum Standards

A. Prior to Dec 31, 1984, all current members of SHAA can be registered in their major area of study upon application

B. After Dec 31, 1984, applicants must meet following standards:

. Educational Requirements:

Completion of a training program specific to Speech Pathology and/or Audiology.

Completion of the following academic requirements.

18 SH in Basic Areas - information applicable to normal development and use of speech, language and hearing. Categories must include:

- (a) anatomic and physiologic basis for normal development and use of speech, language and hearing

- (b) physical bases and processes of the production and perception of speech
- (c) perceptual processes and psycholinguistic variables related to normal development and use of speech, language and hearing.

Maximum of 6 SH in Related Areas - study should pertain to understanding of normal and abnormal human behaviour. Examples include psychology, medicine, dentistry, education, advanced statistics and administrative organization of speech pathology and audiology programs.

30 SH in Major Professional Area - (Clarification under Consideration by Professional Examinations Board)

Speech Pathology - Training must provide an understanding of speech, language, voice and fluency disorders, their manifestations, classifications and causes. Study must also cover evaluation techniques and management procedures such as principles in remedial methods used in habilitation and rehabilitation for children and adults with various communication disorders.

Audiology - Study must provide mastery of habilitative/rehabilitative procedures such as the selection and use of appropriate amplification instrumentation for the hearing impaired, evaluation of speech and language problems of the hearing impaired and procedures for speech/language management of the hearing impaired. Study must provide training in conservation of hearing, environmental noise control, identification audiometry, instrumentation calibration and characteristics of amplifying systems.

6 SH in Minor Professional Area

Speech Pathology - Training in speech and language problem management not associated with hearing loss and evaluation procedures of non-peripheral hearing loss related speech and language disorders.

Audiology - Training in the habilitative/rehabilitative procedures with speech and language problems associated with hearing loss and in pathologies of the auditory system and management of audition.

Total of 60 SH

. Clinical Practicum Requirements:

Completion of 300 clock hours of clinical practicum while pursuing professional degree. Quality and content of such hours is subject to the committee on registration (areas of experience are not specified).

. Documentation

After December 31, 1984 official transcripts and records of clinical practicum must be submitted to the Professional Examinations Board.

SASKATCHEWAN

No professional regulations exist.

MANITOBA

In 1961, Bill No. 43, An Act Respecting the Practice of Speech and Hearing Therapy in Manitoba, was passed by the Manitoba legislature. In this act speech and hearing therapy means the ... "diagnosis, examination, and therapeutic treatment of defects of speech, voice and symbolic linguistic formulation." The bill prohibits unregistered practice, ... "no person other than a registered speech and hearing therapist shall engage in the practice of speech and hearing therapy, or use the title "Speech and Hearing Therapist" or any word...to imply that he is engaged in the practice of speech and hearing therapy."

Since then a proposal for a new act entitled An Act Respecting the Practice of Speech Pathology and Audiology has been prepared. The Act would prohibit unauthorized practice of speech pathology or audiology, ... "no person shall practice as a speech pathologist or audiologist unless his name is entered in the register" "In Manitoba no person shall designate to himself any title reserved to speech pathologists and audiologists unless he is authorized to do so under this Act."

Bill 43 provides (in subsection (b) of section 5) that the Board of MSHA may make regulations prescribing the qualifications as to education, character and experience that a speech and hearing therapist must have before he may be registered. The Board of the Association recommends that the guidelines for licencing be reviewed and/or revised by each Board within a month after taking office.

The existing guidelines for licencing, which were established in 1978, include requirements for two types of licences: 1. fully registered licences and 2. provisional licences. A fully registered licence is granted to those MSHA members who have met the requirements of professional education, clinical practicum and professional supervision. The provisional licence is granted to those who have met the first two requirements but who have not completed the professional supervision by a fully registered member. Provisional members are entitled to vote and nominate officers but cannot hold Executive Board positions within MSHA or engage in private practice.

1984 Standards for Fully Registered Licence

o Professional Education

Masters degree or equivalent graduate degree for both speech pathologists and audiologists. Total of 60 SH (a minimum of 21 SH at the graduate level) that includes coursework in basic, related and professional areas. 30 of 60 SH must be in the professional area, with a minimum of 24 of the 30 being in the major professional area and a minimum of 6 SH in the minor area.

12 SH in Basic Areas. Minimum of 1 SH of credit from each of following categories:

1. Anatomical, physiological, and neurological basis of speech, language and hearing
2. Perceptual processes of speech and hearing
3. Fundamental information pertaining to speech and language processes
4. Psychological and social aspects of human development
5. Basic principles and methods involved in conducting research in human behavior (new category)

12 SH in Related Areas. Possible categories of study are provided but a minimum credit requirement for each is not specified.

1. Theories of learning and behaviour that have application to communication disorders
2. Study of personality development, abnormal behaviour
3. Study of development and education of special populations and exceptional children
4. Counselling and interviewing in the helping professions
5. Study of interdisciplinary aspects

24 graduate SH in Major Professional Area

Speech Pathology - Study of specific disorders of communication pertinent to the following areas:

1. Articulation disorders
2. Language disorders in children
3. Acquired aphasia
4. Voice disorders
5. Resonance disorders
6. Fluency disorders
7. Speech/language disorders secondary to hearing impairment

Audiology - Credit must be obtained in the areas of both assessment and management. SH of credit in clinical practicum will not be accepted toward the major credit requirement of 24.

Categories of study:

1. Auditory disorders, pathologies of auditory system, assessment of auditory disorders and their effect upon communication
2. Habilitative and rehabilitative procedures for the hearing impaired
3. Conservation of hearing
4. Instrumentation
5. Organization of service programs

6 SH in Minor Professional Area

Speech Pathology - It is encouraged that study be in areas of both speech and language.

Audiology - It is encouraged that study be in areas of both assessment of auditory disorders and management of the hearing impaired.

o Academic Clinical Practicum Requirements

Total of 300 CH of direct clinical experience is required. Experience must include both evaluation and rehabilitation of communication disorders and must include work with both adults and children. At least 200 C.H. must be in the major area and not less than 35 must be obtained in the minor area.

o Supervised Period of Clinical Practice

In general, a clinician with a Provisional Licence must practice full time (defined as min. of 30 hrs/week) in Manitoba for approximately 1 year under the supervision of a fully registered member. Equivalents for part time employment are provided. Minimum amount of direct supervision has been specified by the association as 5 hours per month.

o Membership in MSHA

All clinicians holding Provisional or Fully Registered Licences must be members of MSHA in good standing.

o Maintenance of Licence

To maintain a fully registered licence, one must remain a member in good standing and meet continuing education requirements. These include attendance at 3 seminars, workshops, conventions, or courses over a 2 yr period with two of these in the major professional area. The other may be in a minor, related or basic area.

. Documentation

1. Professional Education

Official transcripts from training institution. In cases where content is not self-evident from course titles, verification is required that each of the categories has been studied (applies to basic and major professional areas only). Applicant must also submit evidence of completion of the clinical practicum requirements.

2. Supervision

- (a) supervisor and supervisee are jointly responsible for submitting a supervision proposal to the Examining Committee within the first month of employment.
- (b) supervisor must submit an interim evaluation report.
- (c) at the end of the supervised period the supervisor must submit a final written report with recommendations regarding status of license.

CERTIFICATION OF SCHOOL CLINICIANS

Manitoba also has a certification program for school clinicians (including reading clinicians, speech and hearing clinicians, audiologists, social workers, and psychologists). There are two types of certification: provisional certification and permanent certification. Minimum requirements for provisional certification are academic qualifications to meet the licencing requirements of MSHA. Proof of certification with MSHA is necessary. For permanent certification a school clinician must:

- 1. Complete a minimum of 2 yrs of experience in Manitoba
- 2. Gain a recommendation for permanent certification from the supervising clinician and from the school superintendent
- 3. Complete an internship program as offered under the supervision of the University of Manitoba
- 4. Be a Canadian citizen, or have completed 6 yrs of experience in Manitoba

ONTARIO

The existing regulation which has been in effect since 1976, is non-statutory registration. A draft proposal for statutory registration was prepared for submission to the Ministry of Health in 1982.

Existing Standards for Non-statutory Registration

. Educational Requirements:

Completion of a training program specific to Speech Pathology and/or Audiology

Completion of following academic requirements:

13 1/3 SH in Basic Areas - information applicable to the normal development and use of speech, language and hearing. Categories must include:

1. anatomic and physiologic basis for the normal development and use of speech, language and hearing
2. physical bases and processes of the production and perception of speech
3. perceptual processes and psycholinguistic variables.

Maximum of 13 1/3 SH in Related Areas - study should pertain to understanding of human behaviour, both normal and abnormal. Examples include psychology, medicine, education, etc.

21 SH in Major Professional Area

Speech Pathology - training must provide an understanding of speech, language, voice, fluency disorders, their manifestations, classifications and causes. Study must also cover evaluation techniques and management procedures for these disorders.

Audiology - study must provide mastery of habilitative/rehabilitative procedures such as selection and use of amplification for hearing impaired, evaluation of speech/language problems of the hearing impaired and management procedures for habilitation/rehabilitation of the hearing impaired. Study must provide training in conservation of hearing, environmental noise control, identification audiometry, instrumentation calibration and characteristics of amplifying systems.

14 1/3 SH in Minor Professional Area

Speech Pathology - study must provide training in speech and language problem management not associated with hearing loss and evaluation procedures of non-peripheral hearing loss related speech language disorders.

Audiology - study must provide training in the habilitative/rehabilitative procedures with speech and language problems associated with hearing loss and in pathologies of the auditory system and assessment of audition.

Total of 57 SH

. Clinical Practicum Requirements:

200 CH* in Major Area

Speech Pathology - Active assessment and treatment of preschool children, children and adults. Areas of experience must include disorders of articulation, language, voice and fluency.

Audiology - Active treatment of preschool children, children and adults. Areas of experience must include evaluation and aural rehabilitation.

30 CH in Minor Area

Speech Pathology (for the audiologist) - Evaluation and management of speech and language problems not related to hearing loss.

Audiology (for the speech-language pathologist) - Assessment and management of speech and language problems associated with hearing loss and assessment of audiological disorders.

Total of 275 CH

. Documentation

Applicants must present documentation demonstrating completion of the academic and clinical practicum experience specified above.

QUÉBEC

In 1973, Bill 250, The Code of Professions, was adopted by the Québec Government as an umbrella bill covering the regulation of 38 professions divided into two categories: professions with an exclusive right of practice; and professions with a protection of title. The profession of speech language pathology and audiology belongs to the latter category. Each profession is represented by a corporation.

Under that Code, two bodies were created. Responsibilities of the first one, the Office of Professions, includes protecting the public; monitoring constitutions of corporations; and developing recommendations for training programs. The second body, the Interprofessional Council, is

* CH = clock hours

a corporation in the sense of the Civil Code. The different corporations are represented on the Council through their presidents. Functions of the Council include studying common problems facing the professional corporations and making recommendations to the Government.

According to Bill 250, each corporation is required to form three mandatory committees: the Professional Inspection Committee, the Discipline Committee and the Committee on Training.

The Professional Inspection Committee which is composed of 3 members approved by the Executive and practising for at least 3 years supervises the practice of the profession. It is responsible for the drawing up of a professional record for each member. The Committee does on-site visits, writes reports and makes recommendations including recommendations in the case of professionals whom it believes should serve a period of refresher training.

The Discipline Committee is composed of 3 members one of whom, the president, is a lawyer with professional experience of at least 10 years and who is designated by the government after consultation with the Corporation of Lawyers. The Committee studies complaints on the conduct of a professional, coming from the public, other professionals, or the corporation itself.

The Committee on Training has the following composition: 2 representatives of the Corporation (one in audiology and one in speech pathology), 1 representative from the École d'orthophonie et d'audiologie de l'Université de Montréal, 1 representative from the School of Human Communication Disorders of McGill University, and one student representative from each university. The mandate of the committee is to examine training programs in speech pathology and audiology; student evaluation procedures; the practicum; professional examinations; and continuing education activities.

Each corporation has a code of ethics and specific regulations for record keeping, and consulting rooms.

Each corporation also has regulations determining which diplomas give access to permits of practice. In the case of the Corporation of speech pathologists and audiologists, the diplomas recognized are the Masters Degree in Speech Pathology and Audiology of the Université de Montréal and the Master of Science (applied) in Human Communication Disorders of McGill University. Each corporation also has regulations for the determination of equivalencies. In the case of the Corporation of speech pathologists and audiologists, specific norms have been established in 3 areas: basic, professional and clinical.

Access to the practice of the profession in the province of Québec is also governed by a law regarding the use of the French language, Bill 101. According to that law and in order to become a member of the Corporation professionnelle des orthophonistes et audiologistes du

Québec, a person whose mother tongue is not the French language, must submit to an examination of knowledge of that language (oral and written tests). The written test evaluates comprehension of a text and knowledge of the professional vocabulary used in speech pathology or audiology. The test is administered by the Office de la langue française, a government body responsible for the regulations in the use of the French language in the province.

PRINCE EDWARD ISLAND

No existing procedure for professional regulation.

NEW BRUNSWICK

A draft copy of an act to provide for licencing of speech pathologists and audiologists has been prepared. The document is incomplete and has not been brought before the legislature. The act would provide protection of title and function ... "no person ... shall engage in or hold himself out as qualified or entitled to engage in the practice of ..."

There are three classes of licencing:

Class I - for those who meet the academic and clinical requirements of membership in CSHA.

Class II - for those who do not meet academic and clinical membership requirements of CSHA but who are working under the supervision of a holder of Class I licence in the prospective field and who write an examination for a Class I licence.

Class III - for those who have applied for a Class II licence prior to passing the examination.

NOVA SCOTIA

No existing procedure for professional regulation.

NEWFOUNDLAND

Professional regulation is not being considered at the present time.

CANADIAN SPEECH AND HEARING ASSOCIATION*

Professional regulation activity has begun. In co-operation with the Department of National Health and Welfare, guidelines for certification are being developed by the current Task Force.

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION*

Certificates of Clinical Competence are issued to qualified individuals who provide services to persons who have disorders of communication.

Education Requirements

A. General Background Education

A broad general educational background is encouraged. The specific content is left to the discretion of the applicant. However, some emphasis in areas of psychology, sociology, psychological and physical development, physical sciences, human anatomy and physiology is highly desirable.

B. Required Education

A total of 60 SH of credit must be accumulated. 30 of the total 60 SH must be in courses that are acceptable toward a graduate degree by the college or university in which they were taken. 21 of these 30 SH must be within the 24 SH required in the major professional area or within the 6 SH required in the minor area.

12 SH in Basic Areas - At least 2 SH of credit must be earned in each of the following broad categories of study:

1. anatomic and physiologic bases for the normal development and use of speech, language and hearing
2. physical bases and processes of the production and perception of speech, language and hearing
3. linguistic and psycholinguistic variables related to normal development and use of speech, language and hearing.

Related Areas - minimum credit requirement is not specified.

Study should pertain to the understanding of human behaviour, both normal and abnormal, as well as services available from related professions. Credit for study in the area of statistics, beyond an

* Information is provided in order to permit more comprehensive comparisons.

introductory course, is allowed to a maximum of 3 SH. Academic study of the administrative organization of speech pathology and audiology programs may also be applied to a maximum of 3 SH.

24 SH in Major Professional Area

Speech Pathology - within the categories specified below, at least 6 SH must deal with speech disorders and at least 6 SH must deal with language disorders.

1. Understanding of speech and language disorders, such as manifestations, classifications and causes
2. Evaluation skills
3. Management procedures

Audiology - within the categories specified below, at least 6 SH must be in the auditory pathology category and at least 6 SH must be in the habilitation/rehabilitation category.

1. Auditory disorders
2. Habilitative/rehabilitative procedures
3. Conservation of hearing
4. Instrumentation

6 SH in Minor Professional Area

Audiology - 3 SH must be in habilitative/rehabilitative procedures with speech and language problems associated with hearing impairment, and 3 SH must be in study of the pathologies of the auditory system and assessment of auditory disorders. When more than the minimum of 6 SH in the minor area is met, study of habilitative/rehabilitative procedures may be counted in the major professional area of speech-language pathology.

. Education Applicable to All Areas

Courses that provide an overview of research and/or a more general presentation of research procedures and techniques will be acceptable to a maximum of 3 SH. Academic credit for a thesis or dissertation may be acceptable to a maximum of 3 SH in the appropriate area.

Clinical Practicum

300 CH of supervised clinical experience. Minimum of 150 CH must be obtained during graduate study. 200 CH must be obtained in the major professional area and 35 CH in the minor area. Of the required 300 CH of clinical experience, 50 must be obtained in two distinctly different clinical settings.

Major Professional Area

Speech Pathology - 50 CH of experience in evaluation of speech and language problems. 75 CH in management of language disorders of children and adults, and 25 CH each of experience in management of children and adults with whom disorders of (1) voice (2) articulation and (3) fluency are significant aspects of the communication handicap.

Audiology - 50 CH must be obtained in identification and evaluation of hearing impairment and 50 CH must be obtained in habilitation or rehabilitation of the communication handicaps of the hearing impaired.

Minor Professional Area

Speech Pathology - Recommend experience in evaluation and management of speech and language problems not related to a hearing impairment.

Audiology - 15 CH in assessment and/or management of speech and language problems associated with hearing impairment, and 15 CH must be in assessment of auditory disorders. When more than the minimum requirement is met, clinical practicum in assessment and/or management of speech and language problems associated with hearing impairment may be counted toward the minimum CH obtained with language and/or speech disorders.

Supervision

Supervisors must hold a Certificate of Clinical Competence in the professional area in which supervision is provided. At least 25% of the therapy sessions conducted by the student clinician must be directly supervised. At least 1/2 of each diagnostic evaluation conducted by the student must be supervised.

Clinical Fellowship Year (CFY)

This requirement is met through a minimum of 9 months of full-time professional supervised employment (defined as minimum of 30 hrs per week). Equivalents for part-time employment are provided. The CFY year must be completed within a maximum period of 36 months.

Professional experience means direct clinical work with patients, consultations, record keeping and other duties related to clinical work.

Supervision

Supervisors must hold a Certificate of Clinical Competence in the professional area in which that applicant is seeking certification.

The CFY supervisor must base the total evaluation on no less than 36 occasions of monitoring activities. The monitoring activities must include at least 18 on-site observations (a minimum of two hours each month).

National Examinations in Speech-Language Pathology and Audiology

The examination must be passed within three years after the first administration for which an applicant is notified of eligibility. In the event the applicant fails the examination, it may be retaken.